06/29/2006 12:14

Image# 26940215622

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2005 12 3 1 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 29 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### Image# 26940215623

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS Page 2

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name American Hospital Association PA	С	
Report Covering the Period: From:	1 2 0 1 2 0 0 5	To: 12 31 2005
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1  Y2005	Y	530585.12
(b) Cash on Hand at  Begining of Reporting Period	756241.34	
(c) Total Receipts (from Line 19)	240640.20	1476643.08
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	996881.54	2007228.20
7. Total Disbursements (from Line 31)	55060.98	1065407.64
Cash on Hand at Close of     Reporting Period		
(subtract Line 7 from Line 6(d))	941820.56	941820.56
9. Debts and Obligations owed <b>TO</b>		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

American Flospital Association FAC

Report Covering the Period:

From:

м м 1 2 <sup>D</sup> 0 1

<sup>Y</sup> 2 0 0 5

то.

м м 1 2 <sup>D</sup> 3 1

<sup>Y</sup> 2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	148371.92	613044.57
	(ii) Unitemized	62751.94	375651.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	211123.86	988696.07
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	5500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	211123.86	994196.07
2.	Transfers From Affiliated/Other Party Committees	29220.00	478050.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	538.13
	to Federal candidates and Other Political Committees	0.00	1400.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	296.34	2458.88
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	240640.20	1476643.08
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	240640.20	1476643.08

from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 160.98 13317.60 Expenditures..... (c) Total Operating Expenditures 160.98 13317.60 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 54900.00 1045768.04 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 735.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 5500.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 6235.00 (add Lines 28(a), (b), and (c)) ......... 0.00 87.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 55060.98 1065407.64 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

55060.98

1065407.64

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Opera Expenditures	tting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loan from Line 11(d), page 3)	, aa.	994196.07
34. Total Contribution Refunds (from Line 28(d))	0.00	6235.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	011100 06	987961.07
<ol><li>Total Federal Operating Expenditur (add Line 21(a)(i) and Line 21(b))</li></ol>	160 08	13317.60
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
88. Net Operating Expenditures (subtract Line 37 from Line 36)	160.98	12779.47

PAGE 6 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Frank W Harris Mailing Address 1567 Shady Ban Drive 2005 12 01 Zip Code City State Transaction ID: 11799274 Jacksons Gap ΑL 36861-4054 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Russell Medical Center Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. James Nabors Date of Receipt Mailing Address 3316 Highway 280 01 2005 City State Zip Code Transaction ID: 11799275 **Alexander City** ΑL 35010-3369 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Russell Medical Center Occupation Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Warren K Spellman Date of Receipt Mailing Address P O Box DD 2005 12 02 City State Zip Code Transaction ID: 11799295 Taos NM Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Holy Cross Hospital Occupation Administrator Receipt For: Aggregate Year-to-Date ▼ General Primary 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 7 / 182
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Mark W Reifsteck			Date of Receipt
	Mailing Address P O Box 26666	<b></b>	= 0	12 02 2005
	City	State	Zip Code	Transaction ID: 11799296
	Albuquerque	NM	87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Presbyterian Healthcare Services	Occupation Senior Vi	n ce President and Chief Ope	rat
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	1
	Other (specify)		073.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Valdez			Date of Receipt
	Mailing Address 455 St. Michael's Drive			12 02 2005
	City	State	Zip Code	Transaction ID: 11799299
	Santa Fe	NM	87505-7663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Regional Medi-	Occupation		
	cal Center	Vice Pres		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dennis E Klima			Date of Receipt
	Mailing Address 640 South State Street			M M / D D / Y Y Y Y
				12 07 2005
	City	State	Zip Code	Transaction ID: 11800944
	Dover	DE	19901-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bayhealth Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For:		e Year-to-Date ▼	
Primary General			500.00	1
	Other (specify)	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1125.00
F	i			
Ιт	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 182 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Leslie Wietstock			Date of Receipt
	Mailing Address Highway 281 N, Box 688	3		12 07 2005
	City	State	Zip Code	Transaction ID: 11800956
	Cando	ND	58324-0688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Towner County Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Lacy L Thomas, , CPA			Date of Receipt
	Mailing Address 1800 West Charleston E	12 07 2005		
	City	State	Zip Code	Transaction ID: 11800961
	Las Vegas	NV	89102-2386	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. James Hobbs			Date of Receipt
Mailing Address 3315 NW Windwood Way				12 07 YYYYY 12005
	City	State	Zip Code	Transaction ID: 11800969
	Bend	OR	97701-5424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cascade Healthcare Commun- ity	Occupation President		
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T-	OTAL This Period (last page this line number or	nlv)	<u>`</u>	
• '		·· <b>j</b> / ······	·······	

PAGE 9 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Larry A Mullins, FACHE Date of Receipt Mailing Address P O Box 1068 2005 12 07 Zip Code City State Transaction ID: 11800970 Corvallis OR 97339-1068 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Samaritan Health Services Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Russ Reinhard Date of Receipt Mailing Address 34514 S. Elliott Road 07 2005 City Zip Code State Transaction ID: 11800971 Woodburn OR 97071-8702 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Willamette Falls Hospital Occupation President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Roy J Orr Date of Receipt Mailing Address 1460 'G' Street 2005 12 07 Citv State Zip Code Transaction ID: 11800972 Springfield OR 97477-4197 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer McKenzie-Willamette Medic-Occupation President and Chief Executive Officer al Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 182
	MIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any or fo	information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
`	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. James A Wathen			Date of Receipt
N	Mailing Address 1465 Beach Loop Road			12 07 2005
	Dity	State	Zip Code	Transaction ID: 11800973
	Bandon	OR	97411-8801	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
<u>-</u>	Name of Employer Southern Coos Hospital and Health Cent	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)  Mr. Victor J Fresolone, , FACHE			Date of Receipt
N	Mailing Address 187 Birdie Lane			12 07 2005
	Dity	State	Zip Code	Transaction ID: 11800974
	Roseburg	OR	97470-9283	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		250.00
1	Name of Employer Mercy Medical Center	Occupation President	n t and Chief Executive Officer	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. James R Barnhart			Date of Receipt
_	Mailing Address 400 Ninth Street			12 07 2005
	City	State	Zip Code	Transaction ID: 11800976
_	Florence	OR	97439-7398	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
N F	Name of Employer Peace Harbor Hospital	Occupation Chief Exe	n ecutive Officer	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
su	BTOTAL of Receipts This Page (optional)			750.00
	. 5 ,		•	
то	TAL This Period (last page this line number on	ly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 11 / 182		
· ·			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Guillinary Fage	13 14 15 16 17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Hospital Association PAC					
$\angle$						
	Full Name (Last, First, Middle Initial)			Data of Bassist		
A.	<del></del>			Date of Receipt		
	Mailing Address 24 Hospital Avenue			12 07 2005		
	City	State	Zip Code	Transaction ID: 11801809		
	Danbury	CT	06810-6099	Amount of Each Receipt this Period		
			1 1 1 1 1 1			
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Danbury Hospital	Occupation				
			t and Chief Executive Officer	·		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	500.00			
	Other (specify) ▼					
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 5 Selden Avenue			M M / D D / Y Y Y Y		
				12 07 2005		
	City	State	Zip Code	Transaction ID: 11801810		
	Branford	CT	06405-5535	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	Name of Employer	Occupation	า	+		
	Hospital of Saint Raphael		· t and Chief Executive Officer			
	Receipt For:	1	Year-to-Date ▼			
	Primary General	1.99.19		1		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)					
C.	Dr. Steven D Hanks, , M.D.			Date of Receipt		
	Mailing Address P O Box 100			12 07 2005		
	City	State	Zip Code	Transaction ID: 11801811		
	New Britain	CT	06050-0100	Amount of Each Receipt this Period		
		<u> </u>	00000 0100	Amount of Each receipt this renou		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer New Britain General Hospi-	Occupation				
	tal		ce President Medical Affairs	_		
	Receipt For:	Aggregate	e Year-to-Date ▼	. [		
	Primary General		250.00			
	Other (specify)	0 0				
_	UDTOTAL of Descints Title Base (see 1)			1250.00		
∟ <sup>s</sup>	UBTOTAL of Receipts This Page (optional)		······			
1						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 12 / 182	
·			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Lage	13 14 15 16 17	
Ar	y information copied from such Reports and S	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	·				
•	Full Name (Last, First, Middle Initial)				
A.	Mr. Clarence J Silvia			Date of Receipt	
	Mailing Address P O Box 100			M M / D D / Y Y Y Y	
				12 07 2005	
	City	State	Zip Code	Transaction ID: 11801812	
	Southington	CT	06050-0100	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
		Ta		_	
	Name of Employer New Britain General Hospi-	Occupation			
	tal		ce President and Chief Oper		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify)	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Bill M. Welch			Date of Receipt	
υ.				<u> </u>	
	Mailing Address 3352 Corey Drive			12 08 2005	
	City	State	Zip Code	Transaction ID: 11802061	
	Reno	NV	89509-3931		
		INV	89309-3931	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	rederal political committee.				
	Name of Employer	Occupation	า		
	Nevada Hospital Associati- on	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
				1	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Eva C. LaBarge			Date of Receipt	
	Mailing Address 6434 Sun Flag Ct.			M M / D D / Y Y Y Y	
	0::			12 08 2005	
	City	State	Zip Code	Transaction ID: 11802062	
	Sparks	NV	89436-5400	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.			000.00	
	Name of Employer	Occupation	า	<del>-</del>	
	Name of Employer Nevada Hospital Associati-		of Operations		
	on Receipt For:		Year-to-Date <b>V</b>	-	
	Primary General	, iggi egale	Tour to Duto ¥	1	
	Other (specify)		500.00		
			1 1 1 1 1 1 1 1	1	
		<u> </u>			
_	IIDTOTAL of Doppinto This Dage (antique)			1250.00	
$\vdash$	UBTOTAL of Receipts This Page (optional)		······		
1					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 182
· ·			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Edward A Eckenhoff			Date of Receipt
	Mailing Address 102 Irving Street NW			12 08 2005
	City	State	Zip Code	Transaction ID: 11802167
	Washington	DC	20010-2949	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer National Rehabilitation	Occupation		7
	Hospital	President	•	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) Dr. Melinda Estes, , M.D.			Date of Receipt
υ.	Mailing Address 111 Colclester Avenue			M M / D D / Y Y Y Y
	Mailing Address       Colclester Avertue			12 08 2005
	City	State	Zip Code	Transaction ID: 11802177
	Burlington	VT	05401-1473	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	_
	Fletcher Allen Health Care	President	and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		500,00	1
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial)			+
C.	Mr. Gerald D Wages			Date of Receipt
	Mailing Address 830 S. Gloster Street			1 2
	City	State	Zip Code	Transaction ID: 11807350
	Tupelo	MS	38801-4996	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		30.00
	Name of Employer North Mississippi Health	Occupation		
	Services, Inc		resident and Chief Executive	<u> </u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		550.00	]
	Other (specify)		300.00	1
_				1050.00
Ls	UBTOTAL of Receipts This Page (optional)		······	1000100
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 182 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Calvin Johnson			Date of Receipt
Mailing Address 10 Erskina Road			12 12 2005
City	State	Zip Code	Transaction ID: 11807370
French Camp	MS	39745-9528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Kilmichael Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Other (Speelity)		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)  3. Mr. Wallace Strickland			Date of Receipt
Mailing Address 1314 19th Avenue			M M / D D / Y Y Y Y
City	State	Zip Code	1 2 1 2 2 0 0 5  Transaction ID: 11807371
Meridian	MS	39301-4116	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		250.00
Name of Employer Rush Foundation Hospital	Occupation President		
Receipt For:	, ,	Year-to-Date ▼	-
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  Mr. Claude W Harbarger			Date of Receipt
Mailing Address 969 Lakeland Drive			12 12 2005
City	State	Zip Code	Transaction ID: 11807372
<u>Jackson</u>	MS	39216-4699	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Dominic-Jackson Memor-	Occupation		7
ial Hospital	Presiden		4
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 15 / 182
			Use separate schedule(s)	(check only one)	107.102
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
Δn	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Steven E Brown, , FACHE			Date of Receipt	
	Mailing Address 19745 NE 127th PI.			1 2 1 2	2005
	City	State	Zip Code		
	Woodinville	WA	98072-5604	Transaction ID: 118	
		VVA	98072-3004	Amount of Each Red	ceipi inis Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Evergreen Healthcare	Occupation	n ecutive Officer		
	Receipt For:		Year-to-Date <b>V</b>	_	
	Primary General	Aggregate	: Teal-10-Date V	1	
	Other (specify)		250.00		
		-	0 0 0 0 0 0 0	'	
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt	
	Mailing Address 325 Seventh Street, NW			M M / D D	/ Y Y Y Y
	Suite 700			12 12	2005
	City	State	Zip Code	Transaction ID: 118	808138
	Washington	DC	20004-2818	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				000.00
	Name of Employer American Hospital Associa-	Occupation	1	-	
	American Hospital Associa- tion-Washingt	V.P., Adv	ocacy & Member Communic	cations	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
•	Full Name (Last, First, Middle Initial) Mr. Paul Lakeman			Date of Receipt	
٠.	Mailing Address 640 South State Street			M M / D D	/ Y Y Y Y
	Walling / Iddiess 040 South State Street			12 12	2005
	City	State	Zip Code	Transaction ID: 118	809022
	Dover	DE	19901-3597	Amount of Each Rec	ceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	า	$\dashv$	
	Bayhealth Medical Center		t, Bayhealth Foundation		
	Receipt For:		Year-to-Date V	_	
	Primary General	33 - 3		1	
	Other (specify)		250.00		
	·			*	
	<u> </u>				100000
SI	UBTOTAL of Receipts This Page (optional)				1000.00
	·		•	-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 182
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, range	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael J Biediger			Date of Receipt
	Mailing Address 2720 Sunset Boulevard			12 12 2005
	City	State	Zip Code	Transaction ID: 11811036
	West Columbia	SC	29169-4810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lexington Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Douglas G. Vang			Date of Receipt
	Mailing Address 502 Harwoood Drive			M M / D D / Y Y Y Y
				12 15 2005
	City	State	Zip Code	Transaction ID: 11813428
	Fargo	ND	58104-6276	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MeritCare Health System	Occupation Trustee	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Susan Bosak			Date of Receipt
	Mailing Address 720 Fourth Street North			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11813429
	Fargo	ND	58122	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		175.00
	Name of Employer MeritCare Health System		Public Policy and Governme	entR
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
_				
				675.00
S	UBTOTAL of Receipts This Page (optional)		······	075.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 17 / 182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of solici	iting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Dr. Roger L Gilbertson, M.D.			Date of Receipt	
	Mailing Address 2946 West Country Club	Drive		1 2 1 5	2005
	City	State	Zip Code	Transaction ID: 11	
	Fargo	ND	58103	Amount of Each Re	
			00100	Amount of Laciffie	eceipt this r enou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer MeritCare Medical Center	Occupation			
		Presiden	-		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Curior (openity)		1 1 1 1 1 1 1		
3.	Full Name (Last, First, Middle Initial) Mr. John Doherty			Date of Receipt	
	Mailing Address 720 Fourth Street North			M M / D D	/ <b>Y</b>
	720 Fourth officer North			12 15	2005
	City	State	Zip Code	Transaction ID: 11	1813431
	Fargo	ND	58122	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			175.00
	federal political committee.				170.00
	Name of Employer	Occupation	 n		
	MeritCare Health System		erating Officer		
	Receipt For:		e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
•	Full Name (Last, First, Middle Initial) Mr. David Molmen			Date of Receipt	
•	Mailing Address 1000 South Columbia Re	nad		M M / D D	/ Y
				12 15	2005
	City	State	Zip Code	Transaction ID: 11	1813797
	Grand Forks	ND	58201-4032	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			
	Name of Employer	Occupation	n	┑	
	Altru Health System	Chief Op	erating Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	250.00	1	
	Other (specify) ▼		200.00		
c	IIDTOTAL of Descripto This Descriptors		_		675.00
<u> </u>	UBTOTAL of Receipts This Page (optional)		·······		
T	OTAL This Period (last page this line number or	ılv)			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Si	atomonto mo	r not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	lress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas P. Nickels			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			12 15 2005
	City	State	Zip Code	Transaction ID: 11813843
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President, Federal Relations	5
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom			Date of Receipt
	Mailing Address One North Franklin			12 15 2005
	City	State	Zip Code	Transaction ID: 11813844
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	Officago		00000 0400	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	500.00
	FEC ID number of contributing			
	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Vice Pres		
	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago	Occupation Vice Pres	nident	
	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General	Occupation Vice Pres	n sident Year-to-Date ▼	
C.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32	Occupation Vice Pres Aggregate	nident Year-to-Date ▼	Date of Receipt  1 2 1 5 2 0 0 5
c.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City	Occupation Vice Pres Aggregate	ident Year-to-Date ▼  500.00	Date of Receipt    M
c.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32	Occupation Vice Pres Aggregate	nident Year-to-Date ▼	Date of Receipt  1 2 1 5 2 0 0 5
C.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City	Occupation Vice Pres Aggregate	ident Year-to-Date ▼  500.00	Date of Receipt    M
c.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals of Cleveland	Occupation Vice Pres Aggregate  State OH  C  Occupation Chief Exe	Zip Code 44106-3938	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals of Cleveland Receipt For:	Occupation Vice Pres Aggregate  State OH  C  Occupation Chief Exe	Zip Code 44106-3938	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals of Cleveland	Occupation Vice Pres Aggregate  State OH  C  Occupation Chief Exe	Zip Code 44106-3938	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Cliff Coker  Mailing Address 11470 Euclid Avenue Suite 32  City Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals of Cleveland Receipt For:  Primary General	C Occupation Vice Press Aggregate  State OH  C Occupation Chief Exertical Aggregate  Aggregate  Aggregate  Occupation Chief Exertical Aggregate  O	Zip Code 44106-3938  Cocutive Officer  Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Llos concrete cohodulo(o)	FOR LINE NUMBER: PAGE 19 / 182
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ry information copied from such Reports and Sta- for commercial purposes, other than using the	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Archilles A. Demetriou			Date of Receipt
	Mailing Address 26600 George Zeiger D	rive		12 15 2005
	City	State	Zip Code	Transaction ID: 11816513
	Beachwood	OH	44122-7529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UHHS-Memorial Hospital of Geneva	Occupation CEO	n	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)		230.00	1
В.	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
	Mailing Address 257 Clouse Lane			12 15 2005
	City	State	Zip Code	Transaction ID: 11816514
	Granville	OH	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Ohio Hospital Association	Occupation Senior V	n ice President	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify)		300.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Heidi L. Gartland			Date of Receipt
	Mailing Address 5958 Heather Lane			12 15 2005
	City	State	Zip Code	Transaction ID: 11816515
	Hudson	OH	44236-4325	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Hospitals of	Occupation	n	7
	Cleveland		sident, Government Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	]
	Other (specify) ▼		200.00	1
Г				625.00
S	UBTOTAL of Receipts This Page (optional)			023.00

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 182 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Cynthia Ann Moore-Hardy			Date of Receipt
	Mailing Address 375 Miner Road			12 15 2005
	City	State	Zip Code	Transaction ID: 11816516
	Highland Heights FEC ID number of contributing	C	44143-1531	Amount of Each Receipt this Period 250.00
	federal political committee.			250.00
	Name of Employer Lake Hospital System	Occupation President	n : and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Kevin Roberts			Date of Receipt
	Mailing Address 5593 High Point			12 15 2005
	City	State	Zip Code	Transaction ID: 11816517
	Solon	ОН	44139-2086	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Rainbow Babies and Childr-	Occupation		7
	en's Hospital Receipt For:		ecutive Officer Year-to-Date ▼	
	Primary General Other (specify) ▼	33 - 3	250.00	
).	Full Name (Last, First, Middle Initial) Mr. Paul Tait			Date of Receipt
	Mailing Address 6560 Thorntree Drive			1 2 1 5 2 0 0 5
	City	State	Zip Code	Transaction ID: 11816518
	Brecksville	ОН	44141-1769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University Hospitals of Cleveland	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
9	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 21 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGENTIO		Detailed Summary Page	X 11a 11b 14	11c   12 15   16   17
Ar	ny information copied from such Reports and Stat	tements may	not be sold or used by any person	n for the purpose of solici	tina contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
^	Full Name (Last, First, Middle Initial) Mr. Thomas F Zenty, , III			Date of Receipt	
Α.	Mailing Address 19924 Chagrin Blvd.			M M / D D	/ Y Y Y Y
				12 15	2005
	City	State	Zip Code	Transaction ID: 11	816519
	Shaker Heights	OH	44122-4931	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer University Hospitals Heal- th System	Occupation President	n t and Chief Executive Officer	1	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		200.00		
В.	Full Name (Last, First, Middle Initial) Dr. J Thomas Ryan, , M.D.			Date of Receipt	
	Mailing Address 1001 Sam Perry Bouleva	ard		12 15	2005
	City	State	Zip Code	Transaction ID: 11	816572
	Fredericksburg	VA	22401-3354	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice President, Medical Affa	a	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)		300.00		
<u>С.</u>	Full Name (Last, First, Middle Initial) Ms. Cheryl Ricciardi			Date of Receipt	
٠.	Mailing Address 15218 Philip Lee Road			M M / D D	/ <b>Y " Y " Y " Y</b>
	·			12 15	2005
	City	State	Zip Code	Transaction ID: 11	
	Chantilly	VA	20151-1309	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Inova Fair Oaks Hospital	Occupation Director,	n Case Management		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, , , ,	300.00		
_	Other (specify)				
s	UBTOTAL of Receipts This Page (optional)				850.00
$\vdash$			<u> </u>		
T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 22 / 182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c   12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of solic	iting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. Christopher Mosley			Date of Receipt	
	Mailing Address 1366 Simon Drive			M M / D D	
	Cit.	01-1-	7:- Oada	12 15	
	Changanaka	State VA	Zip Code	Transaction ID: 11	
	Chesapeake	VA	23320-7668	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Chesapeake General Hospit-	Occupation			
	al	Presiden			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	300.00		
	Guici (specify)	1 1	0 0 0 0 0 0 0	1	
3.	Full Name (Last, First, Middle Initial) Ms. Candice Saunders			Date of Receipt	
	Mailing Address 3300 Gallows Road			M M / D D	/ <b>Y</b>
				12 15	2005
	City	State	Zip Code	Transaction ID: 11	1818143
	Falls Church	VA	22042-3307	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			300.00
	federal political committee.				000.00
	Name of Employer	Occupation	 n		
	Inova Fairfax Hóspital		t Vice President and Chief O	pe	
	Receipt For:	Aggregate	e Year-to-Date ▼	<u>.                                    </u>	
	Primary General		000.00	1	
	Other (specify)		300.00		
•	Full Name (Last, First, Middle Initial) Ms. Cynthia Speck			Date of Receipt	
•	Mailing Address 305 Mashie Drive SE			M M / D D	/ Y
				12 15	2005
	City	State	Zip Code	Transaction ID: 11	1818151
	Vienna	VA	22180-4923	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			300.00
	federal political committee.	0			
	Name of Employer	Occupation	n	┑	
	Inova Health' Sýstem	Director			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify)		000.00	1	
61	IRTOTAL of Possints This Page (entires!)				900.00
<u>ی</u>	UBTOTAL of Receipts This Page (optional)		·······		
T	OTAL This Period (last page this line number o	nlv)			
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SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	_	PAGE 23 / 182
	EMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b	11c
				13 14	15 16 17
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting solicit contributions from suc	g contributions ch committee.
`	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Mr. John M. Toups			Date of Receipt	
Ν	Mailing Address 1460 Waggaman Circle			1 2 1 5	2005
	City	State	Zip Code	Transaction ID: 1181	
	McLean FEC ID number of contributing	VA	22101-4004	Amount of Each Recei	
	ederal political committee.	С			300.00
N I	Name of Employer nova Health System	Occupation Trustee	1		
F	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
	Full Name (Last, First, Middle Initial) Mr. Robert A. Broermann			Date of Receipt	
N	Mailing Address 1812 Haversham Key			1 2	2005
	City	State	Zip Code	Transaction ID: 1181	
_	Virginia Beach	VA	23454-1160	Amount of Each Recei	pt this Period
	FEC ID number of contributing ederal political committee.	C			300.00
<u> </u>	Name of Employer Sentara Healthcare	Occupation Chief Fin	n ancial Officer & VP		
F	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
_	Full Name (Last, First, Middle Initial)  Mr. Christopher L Wearmouth			Date of Receipt	
_	Mailing Address 119 Dail Rock Road			M M / D D / 1 2 1 5	2005
C	Dity	State	Zip Code	Transaction ID: 1181	
1	North Tazewell	VA	24630-9437	Amount of Each Recei	pt this Period
	FEC ID number of contributing ederal political committee.	С			300.00
	Name of Employer Tazewell Community Hospit- al	Occupation President	n t and Chief Executive Officer		
_	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
su	BTOTAL of Receipts This Page (optional)				900.00
TO	TAL This Period (last page this line number or	nlv)			
	INE THIS I CHOO (IAST PAYE THIS HITE HUITIDE! OF	··· <b>y</b> / ······	······································		

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 182 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Stephen Cumbie			Date of Receipt
Mailing Address 837 Mackall Drive			1 2 1 5 2 0 0 5
City	State	Zip Code	Transaction ID: 11818165
McLean  FEC ID number of contributing federal political committee.	C	22101-1615	Amount of Each Receipt this Period 300.00
Name of Employer Inova Health System		& Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  B. Mr. Douglas P Cropper  Mailing Address 4032 Hunt Road			Date of Receipt
			12 15 2005
City Fairfax	State VA	Zip Code 22032-1458	Transaction ID: 11818166
FEC ID number of contributing federal political committee.	C	22032-1430	Amount of Each Receipt this Period  300.00
Name of Employer Inova Fairfax Hospital	Occupatio Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Mr. Leslie Donahue	<b>-</b>		Date of Receipt
Mailing Address 3236 Page Avenue			12 15 2005
City	State VA	Zip Code	Transaction ID: 11818170
Virginia Beach  FEC ID number of contributing federal political committee.	C	23451-1051	Amount of Each Receipt this Period  225.00
Name of Employer Sentara Virginia Beach Ge- neral Hospita	Occupatio Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 262.50	
SUBTOTAL of Receipts This Page (optional)			825.00
TOTAL This Period (last page this line number	er only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 182
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.			Date of Receipt
	Mailing Address 3131 Rivanna Court			12 15 7 2005
	City	State	Zip Code	Transaction ID: 11818175
	Woodbridge	VA	22192-3373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Potomac Hospital	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Barbara Brown, Ph.D.			Date of Receipt
	Mailing Address 11 Countryside Lane			12 15 7 2005
	City	State	Zip Code	Transaction ID: 11818178
	Richmond	VA	23229-7928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Virginia Hospital & Healt-	Occupation Vice Pres		
	hcare Associa Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Mr. John L Fitzgerald			Date of Receipt
	Mailing Address 3600 Joseph Siewick Di	rive		12 15 2005
	City	State	Zip Code	Transaction ID: 11818179
	<u>Fairfax</u>	VA	22033-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Inova Fair Oaks Hospital	Occupation Vice Pres	n sident and Administrator	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
Τ.	OTAL This Period (last page this line number o	alv)		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 182
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Ronald K Rooney			Date of Receipt
	Mailing Address P O Box 339			M M / D D / Y Y Y Y
	<u></u>	<u> </u>		12 20 2005
	City	State	Zip Code	Transaction ID: 11821202
	Paragould	AR	72451-0339	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			200.00
	Name of Employer	Occupation		-
	Name of Employer Arkansas Methodist Medical	President		
	Center Receipt For:		Year-to-Date ▼	-
	Primary General	Ayyıeyale	Teal-to-Date •	
	Other (specify)	' '	412.50	
	Carior (openity) 🔻		0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			+
В.				Date of Receipt
	Mailing Address 3214 East Race			M M / D D / Y Y Y Y
	Services Services			12 20 2005
	City	State	Zip Code	Transaction ID: 11821203
	Searcy	AR	72143-4810	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer White County Medical Cent-	Occupation		
	er	1	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
C	Full Name (Last, First, Middle Initial) Mr. Larry Morse			Date of Receipt
C.				<u> </u>
	Mailing Address P O Box 738			12 20 2005
	City	State	Zip Code	Transaction ID: 11821204
	Clarksville	AR	72830-0738	Amount of Each Receipt this Period
			72000 0700	Amount of Each receipt this rend
	FEC ID number of contributing federal political committee.	C		250.00
	reactal political committee.			
	Name of Employer	Occupation	า	
	Johnson Regional Medical Center	Chief Exe	ecutive Officer and Administr	a
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
_				
				750.00
s	UBTOTAL of Receipts This Page (optional)		······	750.00
$\vdash$			<u>·</u>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 27 / 182		
•		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
<u>~</u>	NAME OF COMMITTEE (In Full)	arric aria ade	ress of any political committee to	Soliot contributions from such committee.		
$  \rangle$	American Hospital Association PAC					
	American Flospital Association FAO					
_	Full Name (Last, First, Middle Initial)					
Α.	Mr. Allen F Smith			Date of Receipt		
	Mailing Address 9601 Interstate 630, Exi	t 7		12 20 2005		
	City	State	Zip Code	Transaction ID: 11821205		
	Little Rock	AR	72205-7299	Amount of Each Receipt this Period		
	FEC ID number of contributing		. =====			
	federal political committee.	C		250.00		
	· · · · · · · · · · · · · · · · · · ·	I 0 .:				
	Name of Employer Baptist Health	Occupation	ո ce President Financial Servi			
	Receipt For:	1	Year-to-Date $\nabla$			
	Primary General	/ iggi ogalo		1		
	Other (specify) ▼	1	250.00			
	Full Name (Last, First, Middle Initial)					
В.	Mr. Kevin E Lofton			Date of Receipt		
	Mailing Address 1999 Broadway, Suite 2600			12 20 2005		
	City	State	Zip Code	Transaction ID: 11821336		
	Denver	CO	80202-3025	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		1000.00		
	Name of Employer	Occupation	1	+		
	Catholic Health Initiatives		and Chief Executive Officer	.		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify)		1000.00			
_	Full Name / Last First Middle 199 B					
C.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt		
	Mailing Address 325 Seventh Street, NW	I		M M / D D / Y Y Y Y		
	Suite 700			12 20 2005		
	City	State	Zip Code	Transaction ID: 11821774		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		500.00		
	federal political committee.					
	Name of Employer American Hospital Associa-	Occupation				
	tion-Washingt		of Operations			
	Receipt For:	Aggregate	Year-to-Date ▼	. [		
	Primary General Other (specify) ▼	' '	500.00			
	Culoi (Specify) \					
Г	l					
s	UBTOTAL of Receipts This Page (optional)			1750.00		
$\vdash$	,					
T	OTAL This Period (last page this line number o	nly)	<b>)</b>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δn	y information copied from such Reports and St	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Charles Potter			Date of Receipt
	Mailing Address 723 Memorial Street			12 20 2005
	City	State	Zip Code	Transaction ID: 11821786
	Prosser	WA	99350-1593	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Prosser Memorial Hospital	Occupation CEO	ו	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	7
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Charles E Hawley			Date of Receipt
	Mailing Address 506 Second Avenue, Suite 1200			1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11821787
	Seattle	WA	98104-2329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Providence Health & Servi- ces	Occupation Vice Pres	n sident Advocacy and Integrit	y
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mr. Theodore E Townsend			Date of Receipt
J.	Mailing Address 1026 'A' Avenue Northe	east		M M / D D / Y Y Y Y
	5 Tozo / / / Wondo / World			12 20 2005
			7: O	44004705
	City	State	Zip Code	Transaction ID: 11821795
	Cedar Rapids	State IA	52402-5074	Transaction ID: 11821795  Amount of Each Receipt this Period
	-		·	
	Cedar Rapids FEC ID number of contributing	C Occupation	52402-5074	Amount of Each Receipt this Period 250.00
	Cedar Rapids  FEC ID number of contributing federal political committee.  Name of Employer St. Luke's Hospital  Receipt For:	C Occupation President	52402-5074	Amount of Each Receipt this Period 250.00
	Cedar Rapids  FEC ID number of contributing federal political committee.  Name of Employer St. Luke's Hospital  Receipt For:  Primary General	C Occupation President	52402-5074  n t and Chief Executive Office Year-to-Date ▼	Amount of Each Receipt this Period 250.00
	Cedar Rapids  FEC ID number of contributing federal political committee.  Name of Employer St. Luke's Hospital  Receipt For:	C Occupation President	52402-5074  and Chief Executive Office	Amount of Each Receipt this Period 250.00
s	Cedar Rapids  FEC ID number of contributing federal political committee.  Name of Employer St. Luke's Hospital  Receipt For:  Primary General	Occupation President Aggregate	52402-5074  and Chief Executive Office Year-to-Date ▼  250.00	Amount of Each Receipt this Period 250.00

SCHEDULE A (FEC Form 3X)  Use senarate schedule(s)				FOR LINE NUMBER: PAGE 29 / 182
300			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos commany rago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Robert J Laskowski, , M.D.			Date of Receipt
	Mailing Address 9 Meadows Lane			12 20 2005
	City	State	Zip Code	Transaction ID: 11821913
	Wilmington	DE	19807-1243	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Christiana Care Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Scott Bowman			Date of Receipt
	Mailing Address 304 Wright Street			12 20 2005
	City	State	Zip Code	Transaction ID: 11836567
	Sweetwater	TN	37874-2897	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	_
	Sweetwater Hospital	Administr		
	Receipt For:	1	Year-to-Date ▼	_
Primary General		7 1991 09410	Tour to Buto V	1
	Other (specify) ▼		500.00	
_				1
C.	Full Name (Last, First, Middle Initial)  Ms. Jeannine Briley			Date of Receipt
	Mailing Address 500 Interstate Blvd. Sou	ıth		12 20 20 5
	City	State	Zip Code	Transaction ID: 11836568
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Tennessee Hospital Associ-	Occupation		
	ation		sident, Education Services	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	250.00	
	☐ Other (Specify) ▼			1
_	UDTOTAL (D. 11. TIL D. 11. TIL D.			1750.00
L	UBTOTAL of Receipts This Page (optional)		······	
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 182
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tim S Brown			Date of Receipt
	Mailing Address 1850 Old Knoxville			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11836569
	Tazewell	TN	37879-3625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Claiborne County Hospital	Occupation Administ		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Charlotte Burns Mailing Address 60 Southern Lane			Date of Receipt
				12 20 2005
	City	State	Zip Code	Transaction ID: 11836570
	Savannah	TN	38372-2294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hardin County General Hos- pital	Occupation Administ	<sup>n</sup> rator and Chief Executive Of	fi
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial)  Mr. James Byrd			Date of Receipt
	Mailing Address 500 Interestate Blvd. So	outh		12 20 2005
	City	State	Zip Code	Transaction ID: 11836571
	Nashville	<u>TN</u>	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Bradley Memorial Hospital	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Ļ	OTAL This Period (last nage this line number of	nnly)	·	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 182 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Chris Clarke			Date of Receipt
	Mailing Address 500 Interestate Blvd. Sou	uth		12 20 20 5
	City	State	Zip Code	Transaction ID: 11836572
	Nashville  FEC ID number of contributing federal political committee.	C	37210-4634	Amount of Each Receipt this Period  500.00
	Name of Employer Tennessee Hospital Association  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n ce President, Clinical and Pr Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich Mailing Address 500 Interstate Boulevard South				Date of Receipt  1 2 2 0 2 0 0 5
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: 11836574  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37210 4354	250.00
	Name of Employer Tennessee Hospital Association Receipt For:		n Vice President Year-to-Date ▼	
	Primary General Other (specify) ▼	riggregate	250.00	
).	Full Name (Last, First, Middle Initial) Mr. Marvin Eichorn			Date of Receipt
Mailing Address 400 North State of Franklin Ro				12 20 20 5
	City Johnson City	State TN	Zip Code 37604-6094	Transaction ID: 11836575  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37004-0034	250.00
	Name of Employer Johnson City Medical Cent- er		ce President and Chief Finar	nc
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
	<u> </u>		<del>`</del>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 182 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna Dickens	10. 11		Date of Receipt
	Mailing Address 500 Interstate Boulevard			12 20 20 5
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: 11836576  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37210-4004	500.00
	Name of Employer Tennessee Hospital Associ- ation Receipt For:		n sident, Accounting e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. James L. Goodloe			Date of Receipt
	Mailing Address 500 Interstate Blvd. South			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11836579
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation Senior Vi	n ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
).	Full Name (Last, First, Middle Initial) Ms. Susan Heath			Date of Receipt
	Mailing Address 2201 Children's Way			12 20 2005
	City	State	Zip Code	Transaction ID: 11836580
	Nashville	TN	37212-3164	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Vanderbilt Stallworth Reh- abilitation H	Occupation Administ		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т.	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 33 / 182
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Michael Huggins			Date of Receipt
	Mailing Address 500 Interstate Boulevard	d South		12 20 2005
	City	State	Zip Code	Transaction ID: 11836583
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	
	Name of Employer Tennessee Hospital Associ- ation		Vice President & COO	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Judith V. Ingala			Date of Receipt
	Mailing Address 400 North State of Franklin Road			M M / D D / Y Y Y Y
		12 20 2005		
	City	State	Zip Code	Transaction ID: 11836584
	Johnson City	TN	37604-6035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Johnson City Medical Cent-	Occupation		
	er		sident and CNO	
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	Cirici (opedily)		0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Bill Jolley			Date of Receipt
	Mailing Address 500 Interstate Blvd., So	M M / D D / Y Y Y Y		
	City	State	Zip Code	1 2 2 0 2 0 0 5 Transaction ID: 11836585
	Nashville Nashville	TN	37210-4634	Amount of Each Receipt this Period
			37210-4034	Amount of Each Necelpt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tennessee Hospital Associ-	Occupation		
	ation		Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
	☐ Other (specify) ▼			1
6	UBTOTAL of Receipts This Page (optional)			1750.00
$\vdash$	ODITAL OF HOOGIPES THIS Fage (Optional)			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 34 / 182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solicit	ting contributions
or 1	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial) Ms. Michelle Long			Date of Receipt	
	Mailing Address 500 Interestate Blvd. So	uth		12 20	2005
	City	State	Zip Code	Transaction ID: 11	
	Nashville	TN	37210-4634	Amount of Each Red	
			57210 1001	Amount of Each floor	ccipt this i chod
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tennessee Hospital Associ-	Occupation	n General Counsel		
	ation Receipt For:		Year-to-Date ▼		
	Primary General	7 199. 094.10		1	
	Other (specify) ▼		250.00		
				1	
_	Full Name (Last, First, Middle Initial) Mr. David H. McClure			Date of Receipt	
	Mailing Address 500 Interstate Boulevard	M M / D D	/ <b>Y                                   </b>		
		12 20	2005		
	City	State	Zip Code	Transaction ID: 11	836591
	Nashville	TN	37210-4634	Amount of Each Red	ceipt this Period
	FEC ID number of contributing		0 0 0 0		250.00
	federal political committee.	С			230.00
	Name of Employer	Occupation	2		
	Tennessee Hośpital Associ-		sident, Finance		
	ation Receipt For:		Year-to-Date ▼		
	Primary General	/ iggi ogato	Toda to Bate V	1	
	Other (specify)		250.00		
				'	
_	Full Name (Last, First, Middle Initial) Mr. John W Melton			Date of Receipt	
	Mailing Address 400 North State of Frank	din Rd		M M / D D	/ Y Y Y Y
				12 20	2005
	City	State	Zip Code	Transaction ID: 11	836592
	Johnson City	TN	37604-6094	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.	0			
	Name of Employer Johnson City Medical Cent-	Occupation	n		
	Johnson City Medical Cent- er	Senior Vi	ce President Operations and	<b>d</b> ¢	
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify)		250.00		
SI	JBTOTAL of Receipts This Page (optional)				750.00
			•		
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

SC	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 35 / 182
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Betsy B. Wood			Date of Receipt
	Mailing Address 500 Interstate Boulevard			12 20 7 20 5
	City	State	Zip Code	Transaction ID: 11836599
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation Vice Pres	n sident, Government Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. David Archer			Date of Receipt
	Mailing Address 313 North Main Street	12 20 5		
	City	State	Zip Code	Transaction ID: 11836602
	Ashland City	TN	37015-1358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Centennial Medical Center	Occupation		
	at Ashland C Receipt For:	·	Information Systems	
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Craig A. Becker			Date of Receipt
	Mailing Address 9616 Brunswick			12 20 7 2005
	City	State	Zip Code	Transaction ID: 11836603
	Brentwood	TN	37027-8467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tennessee Hospital Associ- ation	Occupation President		
	Receipt For:	1	Year-to-Date ▼	7
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
SI	JBTOTAL of Receipts This Page (optional)			2000.00
т	OTAL This Period (last page this line number or	ılv)		

PAGE 36 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Ruth W Brinkley Date of Receipt Mailing Address 2525 De Sales Avenue 2005 12 20 Zip Code City State Transaction ID: 11836604 Chattanooga ΤN 37404-1102 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Memorial Health Care Syst-Occupation President and Chief Executive Officer em Aggregate Year-to-Date ▼ Receipt For: General Primary 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Joseph M Dawson Date of Receipt Mailing Address 907 East Lamar Alexander Pkwy 20 2005 City State Zip Code Transaction ID: 11836605 <u>Maryville</u> TN 37804-5016 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Blount Memorial Hospital Occupation Administrator Receipt For: Aggregate Year-to-Date V Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Greg Duckett Date of Receipt Mailing Address 350 N Humphreys Boulevard 2005 12 20 Citv State Zip Code Transaction ID: 11836606 Memphis TN 38120-2177 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Baptist Memorial Health Occupation Senior Vice President and Chief Legal Care Corporati Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)		llos concrete cobodulo(s)	FOR LINE NUMBER:	PAGE 37 / 182	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	TI EMIZED RESERVES		Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persol dress of any political committee to	n for the purpose of solic solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	7 in croam respital resociation rate				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. William Gracey			Date of Receipt	
	Mailing Address 103 Powell Court, Suite	e 200		12 20	
	City	State	Zip Code	Transaction ID: 1	
	Brentwood	TN	37027-5079	Amount of Each Re	
			07027 0070	Amount of Laciffic	· · · · · ·
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer LifePoint Hospitals, Inc.	Occupation			
			erating Officer		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address One Siskin Plaza			M M / D D	
	Cit.	01-1-	7:- 0-4-	12 20	
	Chattanagara	State	Zip Code	Transaction ID: 11	
	Chattanooga	TN	37403-1306	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Siskin Hospital for Physi-	Occupation			
	cal Rehabilit		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Mr. James L McMackin			Date of Receipt	
	Mailing Address 421 South Main Street			1 2 2 0	
	City	State	Zip Code		
	Crossville	TN	38555-5031	Transaction ID: 11 Amount of Each Re	
		111	36333-3031	Amount of Each Ne	ceipt this Feriod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Cumberland Medical Center	Occupation			
			t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00		
Callet (opcom)) V					
s	UBTOTAL of Receipts This Page (optional)				1500.00
	. 5 ,				• • • • • •
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Llea congrata cohodula(c)	FOR LINE NUMBER: PAGE 38 / 182
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
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				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Bruce W Steinhauer, M.D.			Date of Receipt
	Mailing Address 877 Jefferson Avenue			12 20 20 2005
	City	State	Zip Code	Transaction ID: 11836610
	Memphis	TN	38103-2897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Regional Medical Center at Memphis	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave			Date of Receipt
	Mailing Address 1208 Brookview Drive			12 20 20 5
	City	State	Zip Code	Transaction ID: 11836714
	Brentwood	TN	37027-8424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	federal political committee.  Name of Employer Tennessee Hospital Associ-	Occupation Sr. Vice I		500.00
	federal political committee.  Name of Employer	Occupation Sr. Vice I		500.00
	Name of Employer Tennessee Hospital Association	Occupation Sr. Vice I	President	500.00
	Name of Employer Tennessee Hospital Association Receipt For: Primary General	Occupation Sr. Vice I	President Year-to-Date ▼	Date of Receipt
 C.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Sr. Vice I Aggregate	President Year-to-Date ▼	Date of Receipt
	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht  Mailing Address 400 N State of Franklin	Occupation Sr. Vice I Aggregate	President Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht	Occupation Sr. Vice I Aggregate	President  Year-to-Date ▼  1000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
C.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City	Occupation Sr. Vice I Aggregate	President Year-to-Date ▼  1000.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Mountain States Health Al-	Occupation Sr. Vice I Aggregate  State TN  C	President Year-to-Date ▼  1000.00  Zip Code 37604-6035	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>c</b> .	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City Johnson City  FEC ID number of contributing federal political committee.	Occupation State TN  C  Occupation President	President Year-to-Date ▼  1000.00  Zip Code 37604-6035	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 c.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Mountain States Health Al- liance Receipt For: Primary General	Occupation State TN  C  Occupation President	President Year-to-Date ▼  1000.00  Zip Code 37604-6035  at and Chief Executive Office Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Mountain States Health Alliance Receipt For:	Occupation State TN  C  Occupation President	President Year-to-Date ▼  1000.00  Zip Code 37604-6035	Date of Receipt  1 2 0 2 0 5  Transaction ID: 11836715  Amount of Each Receipt this Period  500.00
	federal political committee.  Name of Employer Tennessee Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht Mailing Address 400 N State of Franklir  City Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Mountain States Health Al- liance Receipt For: Primary General	Occupation State TN  C  Occupation President Aggregate	Zip Code 37604-6035  and Chief Executive Office Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 182
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	y information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James L Brexler			Date of Receipt
	Mailing Address 975 East Third Street			12 20 YYYYY 12 20 5
	City Chattanooga	State TN	Zip Code 37403-2163	Transaction ID: 11836716
	FFC ID number of contribution	C	3/403-2103	Amount of Each Receipt this Period  250.00
	Erlanger Health System	Occupation President	n and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. James Lee Decker Mailing Address 2840 Wimbledon Court			Date of Receipt
	City	State	Zip Code	12 20 2005
	Clarksville	TN	37043-2426	Transaction ID: 11836717  Amount of Each Receipt this Period
	EEO ID accomb on of a carbollo diagram	C	1 1 1 1 1	250.00
	Baptist Hospital of Cocke County		n ce President and Administra Year-to-Date ▼ 500.00	to
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James D. Gann			Date of Receipt
	Mailing Address Post Office Box 489			12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Harriman	State TN	Zip Code 37748-0489	Transaction ID: 11836718
	FEC. ID assert of a settlibution	C	3//48-0469	Amount of Each Receipt this Period  250.00
	Roane Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	750.00
	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 182
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	ine and add	iress or any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
American riospital Association FAC			
Full Name (Last, First, Middle Initial)  A. Mr. Robert S. Gordon			Date of Receipt
Mailing Address 7891 Cross Pike Drive			M M / D D / Y Y Y Y
011	0	7. 0.1	12 20 2005
City Germantown	State TN	Zip Code 38138-8117	Transaction ID: 11836719  Amount of Each Receipt this Period
FEC ID number of contributing		00100 0117	
federal political committee.	C		250.00
Rantiet Memoriál Health	Occupation		7
Care Corporati		Voor to Date .	-
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last First Middle Initial)			-
Full Name (Last, First, Middle Initial)  Mr. Monty McLaurin			Date of Receipt
Mailing Address 2000 Brookside Drive			12 20 7 2005
City	State	Zip Code	Transaction ID: 11836720
Kingsport	TN	37660-4682	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.			255.55
Indian Path Modical Contar	Occupation		7
Receipt For:		ecutive Officer  Year-to-Date	-
Primary General	Aggregate		
Other (specify) ▼		500.00	
Full Name (Leat First Middle Initial)			
Full Name (Last, First, Middle Initial)  Ms. Thelma K. Traut			Date of Receipt
Mailing Address 1080 Cedar Drive Cedar Lake Estates			12 20 7 2005
City Cedar Lake Estates	State	Zip Code	Transaction ID: 11836721
Camden	TN	38320-6033	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.			
Baptist Memorial Hospital-	Occupation		
Huntingdon	Vice Chai	Year-to-Date ▼	-
Primary General	.55. 594.0		
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)		·····	750.00
TOTAL This Period (last page this line number only	y)	<b>)</b>	

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 182
ITEMIZED RECEIPTS		or each category of the		(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any person	n for the purpose of soliciting contributions
Oi		iame and add	uress or any political committee to	Solicit Contributions from Such Committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Berton Whitaker			Date of Receipt
	Mailing Address PO Box 238			12 20 7 2005
	City	State	Zip Code	Transaction ID: 11836722
	Kingsport	TN	37662-0238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wellmont Holston Valley Medical Center	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
— В.	Full Name (Last, First, Middle Initial) Mr. David C Hogan			Date of Receipt
	Mailing Address 350 North Humphreys E	Boulevard		M M / D D / Y Y Y Y Y Y Y Y 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 11836723
	Memphis	<u>TN</u>	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Baptist Memorial Health	Occupatio		
	Care Corporati Receipt For:		e Vice President and Chief O	ρ <del>ε</del> 
	Primary General	Aggregate	Teal to Bate V	
	Other (specify) ▼		250.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Ms. Ellen Wilhoit			Date of Receipt
	Mailing Address P O Box 8005			12 20 5
	City	State	Zip Code	Transaction ID: 11836724
	Sevierville	TN	37864-8005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Fort Sanders-Sevier Medic-	Occupatio	n t and Chief Administrative Of	f
	al Center Receipt For:		e Year-to-Date ▼	∃
	Primary General	33 -34		
	Other (specify) ▼		250.00	
	LUBTOTAL of Receipts This Page (optional)			500.00
13	ODIOIAL OF HOUCIPES THIS Page (Optional)			

TOTAL This Period (last page this line number only) .....

21	CHEDULE A (FEC Form 3X)	[		FOR LINE NUMBER:	PAGE 42/182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c
			Detailed Guillinary Fage	13 14	15 🗌 16 🔲 17
An	ny information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting	g contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such	ch committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Philip K. Beauchamp			Date of Receipt	
	Mailing Address 1560 Gulf Blvd.			1 2	2005
	City	State	Zip Code	Transaction ID: 1184	<del>1</del> 0106
	Clearwater	FL	33767-2900	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Morton Plant Mease Health	Occupation President			
	Care Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Ms. Dana Ferrell			Date of Receipt	
	Mailing Address 807 Nira Street			1 2 / 1 5	2005
	City	State	Zip Code	Transaction ID: 1184	l0123
	Jacksonville	FL		Amount of Each Recei	ipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Nemours Children's Clinic	Occupation Director of	n of Government Relations		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	500.00		
Э.	Full Name (Last, First, Middle Initial) Mr. William A Giudice			Date of Receipt	
	Mailing Address 1300 Miccosukee Road			12 / 15	2005
	City	State	Zip Code	Transaction ID: 1184	
	Tallahassee	FL	32308-5093	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	С			125.00
	Name of Employer Tallahassee Memorial Heal-	Occupation			
	thCare		ancial Officer and Vice Presi	<u>i </u>	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify) ▼				
s	UBTOTAL of Receipts This Page (optional)				875.00
т.	OTAL This Period (last page this line number onl	v)			
•	( page and mile manibol offi	,,			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 182	
•		Use separate schedule(s) or each category of the		(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persollers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)			, , , , , , , , , , , , , , , , , , , ,	
$ \rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Ford Kyes			Date of Receipt	
	Mailing Address 403 Red Ceder Ct.			1 2 1 5 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11840143	
	Saint Petersburg	FL	33703-6200	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Anthony's Hospital	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	250.00	7	
	Other (specify)	0 0	250.00		
В.	Full Name (Last, First, Middle Initial)			Data of Descript	
Ь.		rivo		Date of Receipt	
	ailing Address 3909 Snapper Pointe Drive			12 15 2005	
	City	State	Zip Code	Transaction ID: 11840148	
	Tampa	FL	33611-1030	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer N.W. Fla. Comm. Hospital	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	]	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James R Nathan			Date of Receipt	
	Mailing Address P O Box 2218			12 15 2005	
	City	State	Zip Code	Transaction ID: 11840158	
	Fort Myers	FL	33902-2218	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Lee Memorial Health System	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
т	OTAL This Period (last page this line number o	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 182
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. C. B. Rebsamen, MD			Date of Receipt
	Mailing Address 18201 Chesapeake Ct.			12 15 2005
	City	State	Zip Code	Transaction ID: 11840167
	Fort Myers	FL	33908-4676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lee Memorial Health System	Occupation Chief Me	n dical Director	
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas M Rozek			Date of Receipt
υ.	Mailing Address 3100 SW 62nd Avenue			M M / D D / Y Y Y Y
	Walling Address 5100 SVV 02110 Avenue			12 15 2005
	City	State	Zip Code	Transaction ID: 11840170
	Miami	FL	33155-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	·	-		
	Name of Employer Miami Children's Hospital	Occupation		
			t and Chief Executive Office	
	Receipt For:  Primary  General	Aggregate	rear-to-Date V	,
	Other (specify)		500.00	
		0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. Charles F. Harms			Date of Receipt
	Mailing Address 2520 Moonlight Ct.			12 28 2005
	City	State	Zip Code	Transaction ID: 11841100
	Cheyenne	WY	82009-8572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer United Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
				1050.00
S	UBTOTAL of Receipts This Page (optional)			1250.00

2	NEDIII E A /EEC Form 2V)			FOR LINE NUMBER:	PAGE 45 / 182			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	107102			
ITI	EMIZED RECEIPTS		or each category of the	X 11a 11b	11c			
			Detailed Summary Page	13 14	15 16 17			
Δην	y information copied from such Reports and Sta	tomonte may	unot be sold or used by any perso					
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.			
	NAME OF COMMITTEE (In Full)							
١.	, ,							
/	American Hospital Association PAC							
	E. H. Nierre and T. Cont. M. Malatta Letterly							
	Full Name (Last, First, Middle Initial) Mr. Ronald A Ommen			Date of Receipt				
				<del>-</del>				
	Mailing Address P O Box 428			12 28	2005			
	City	State	Zip Code					
			•	Transaction ID: 11				
	Jackson	WY	83001-0428	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing	С			250.00			
	federal political committee.				200.00			
	Name of Completion	0		_				
	Name of Employer St. John's Medical Center	Occupation						
	and Living C		ecutive Officer and Administr	a —				
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General	' '	250.00					
	Other (specify)		230.00					
	Full Name (Last, First, Middle Initial)			1				
	Ms. Patsy Carter			Date of Receipt				
	Mailing Address PO Box 460			M M / D D	/ Y Y Y Y			
				12 28	2005			
	City	State	Zip Code	Transaction ID: 11	841102			
	Rawlins	WY	82301-0460	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing				250.00			
	federal political committee.	C			250.00			
				_				
	Name of Employer Carbon County Memorial Ho-	Occupation						
	spital		d Administrator					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		250.00					
	Other (specify)		230.00					
_	Full Name (Last, First, Middle Initial)			1 5				
	Mr. Bill Sexton			Date of Receipt				
	Mailing Address 1920 Cornwall Street			1 2 2 8	2005			
	011	C: :	7'- 0-4					
	City	State	Zip Code	Transaction ID: 11				
	Casper	WY	82609-3816	Amount of Each Re	ceipt this Period			
	FEC ID number of contributing				250.00			
	federal political committee.	C			250.00			
	Name of Employer	000000000000000000000000000000000000000	•					
	Name of Employer Wyoming Behavioral Instit-	Occupation						
	ute		ecutive Officer					
	Receipt For:	Aggregate	e Year-to-Date ▼	. [				
	Primary General	, ,	250.00					
	Other (specify) ▼		230.00					
Sl	JBTOTAL of Receipts This Page (optional)				750.00			
	· · · · · · · · · · · · · · · · · · ·		•	-				
TC	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 182
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. J. Steve Perry			Date of Receipt
Mailing Address 110 Hospital Lane			12 / 28 / 2005
City	State WY	Zip Code	Transaction ID: 11841104
Afton		83110-0579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Star Valley Medical Center	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	]
Full Name (Last, First, Middle Initial)  3. Mr. Rod Barton			Date of Receipt
Mailing Address 650 MTN View			12 28 2005
City	State	Zip Code	Transaction ID: 11841105
Powell	WY	82435-1722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Powell Valley Healthcare	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Daniel J. Perdue	1		Date of Receipt
Mailing Address 2005 Warren Avenue Post Office Box 249			12 28 2005
City	State	Zip Code	Transaction ID: 11841106
Cheyenne	WY	82001-3725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Wyoming Hospital Associa- tion	Occupation Vice Pres		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	]
SUBTOTAL of Receipts This Page (optional) .	<u> </u>		750.00
. 5 (1)			
TOTAL This Period (last page this line number	only)	<b>)</b>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 182
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Data of Bassint
٦.	Mr. Thomas L. Bell			Date of Receipt
	Mailing Address 4301 NW Valley Road			12 29 2005
	City	State	Zip Code	Transaction ID: 11841160
	Topeka	KS	66618-3445	Amount of Each Receipt this Period
		INO	00018-3443	Afflourit of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		57.69
	Name of Employer Kansas Hospital Associati-	Occupation		7
	on	Presiden	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		249.99	
	Other (specify)			
	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky			Date of Receipt
٥.	Mailing Address 14607 West 89th Street			<b>─</b>
	Walling Address 14007 West 69th Street			12 29 2005
	City	State	Zip Code	Transaction ID: 11841161
	Lenexa	KS	66215-2967	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		57.69
	Name of Employer Kansas Hospital Associati-	Occupation	n	
	on	1	ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	
	Other (specify)	0 0	250.00	
`	Full Name (Last, First, Middle Initial) Mr. John C. Peterson			Date of Receipt
	Mailing Address 2841 SW Plass Avenue			M M / D D / Y Y Y Y
	ZO41 SVV Flass Avellue			12 29 2005
	City	State	Zip Code	Transaction ID: 11841169
	Topeka	KS	66611-1629	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	 1	$\dashv$
	Name of Employer Kansas Hospital Associati-	Consulta		
	on Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
				365.38
s	UBTOTAL of Receipts This Page (optional)		······	303.38
T.	OTAL This Period (last page this line pumber of	alv)		
- 1 '	OTAL This Period (last page this line number or	п <b>у</b> )	·······	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 182
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Thomas L. Bell			Date of Receipt
	Mailing Address 4301 NW Valley Road			12 29 / 2005
	City	State	Zip Code	Transaction ID: 11841170
	Topeka	KS	66618-3445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kansas Hospital Associati- on	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		499.99	1
	Other (specify) ▼	0 0	499.99	
3.	Full Name (Last, First, Middle Initial) Dr. Myles Brand, Ph.D.			Date of Receipt
	Mailing Address I-65 at 21st Street			12 22 7 2005
	City	State	Zip Code	Transaction ID: 11841220
	Indianapolis	IN	46202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Clarian Health	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. David L Callecod, , FACHE			Date of Receipt
	Mailing Address 441 North Wabash Aver	nue		M M / D D / Y Y Y Y
	City	State	Zip Code	12 22 2005
	Marion	IN	46952-2690	Transaction ID: 11841229  Amount of Each Receipt this Period
			4000Z Z000	
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Marion General Hospital	Occupation President	n t and Chief Executive Office	,
	Receipt For:		e Year-to-Date ▼	
	Primary General	111	050.00	1
	Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional)			725.00
_	OTAL This Deviced (last many this line mouth or	als d		
- 11	OTAL This Period (last page this line number or	пу)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸۵	y information copied from such Reports and S	totomonto moi	r not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	lress of any political committee to	osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Anne Coleman			Date of Receipt
	Mailing Address 6630 S. 850 E.			12 22 2005
	City	State	Zip Code	Transaction ID: 11841245
	Zionsville	IN	46077-9313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Women's Hospi-	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Barrett Evans			Date of Receipt
	Mailing Address I65 at 21st Street			12 22 2005
	City	State	Zip Code	Transaction ID: 11841281
	Indpls	IN	46206	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Clarian Health	Occupation Vice Pres		
	Name of Employer	Occupation Vice Pres		
	Name of Employer Clarian Health	Occupation Vice Pres	sident	]
	Name of Employer Clarian Health  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Vice Pres	ident Year-to-Date ▼	Date of Receipt
	Name of Employer Clarian Health  Receipt For:  Primary General  Other (specify) ▼	Occupation Vice Pres	ident Year-to-Date ▼	Date of Receipt  1 2 2 2 2 0 0 5
	Name of Employer Clarian Health  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Daniel F Evans, , Jr.	Occupation Vice Pres	ident Year-to-Date ▼	12
c.	Name of Employer Clarian Health  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street	Occupation Vice Pres Aggregate	sident Year-to-Date ▼  250.00	M M / D D / Y Y Y Y
 C.	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City	Occupation Vice Pres Aggregate	ident Year-to-Date ▼  250.00  Zip Code	1 2 2 2 2 0 0 5 Transaction ID: 11841282
C.	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City Indianapolis  FEC ID number of contributing	Occupation Vice Pres Aggregate  State IN  C	Zip Code 46202-5250	Transaction ID: 11841282  Amount of Each Receipt this Period  500.00
c.	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City Indianapolis  FEC ID number of contributing federal political committee.	Occupation Vice President	Zip Code 46202-5250	Transaction ID: 11841282  Amount of Each Receipt this Period  500.00
C.	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Clarian Health Partners  Receipt For:  Primary General	Occupation Vice President	Zip Code 46202-5250  and Chief Executive Office Year-to-Date ▼	Transaction ID: 11841282  Amount of Each Receipt this Period  500.00
c.	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Clarian Health Partners  Receipt For:	Occupation Vice President	Zip Code 46202-5250  and Chief Executive Office	Transaction ID: 11841282  Amount of Each Receipt this Period  500.00
	Name of Employer Clarian Health  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.  Mailing Address I-65 at 21st Street  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Clarian Health Partners  Receipt For:  Primary General	State IN  C  Occupation President Aggregate	Zip Code 46202-5250  and Chief Executive Office Year-to-Date ▼  500.00	Transaction ID: 11841282  Amount of Each Receipt this Period  500.00

PAGE 50 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Gary A Fammartino Mailing Address 4213 W. 131st Street 12 22 2005 Zip Code City State Transaction ID: 11841284 Westfield IN 46074-9603 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer St. Vincent Stress Center Occupation Vice President Aggregate Year-to-Date ▼ Receipt For: General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Sam Flanders, M.D. Date of Receipt Mailing Address I-65 at 21st Street 22 2005 City State Zip Code Transaction ID: 11841291 Indianapolis IN 46202 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Clarian Health Occupation Sr. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. David Goodrich Date of Receipt Mailing Address I-65 at 21st Street 2005 12 22 Zip Code Citv State Transaction ID: 11841314 Indianapolis IN 46202 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Clarian Health Occupation **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional) .....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 182
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
			_ common common , coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Graffis, , M.D.			Date of Receipt
	Mailing Address P O Box 1367			12 22 2005
	City	State	Zip Code	Transaction ID: 11841320
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Clarian Health	Occupation Executive	n e Vice President and Chief M	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas J Gryzbek			Date of Receipt
	Mailing Address 5454 Hohman Avenue			M M / D D / Y Y Y Y
				12 22 2005
	City	State	Zip Code	Transaction ID: 11841323
	Hammond	IN	46320-1999	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			200.00
	Name of Employer Saint Margaret Mercy Heal-	Occupation	1	
	Saint Margaret Mercy Heal- thcare Center	Executive	e Vice President and Chief C	)pe
	Receipt For:	Aggregate	Year-to-Date ▼	·
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Robert J Heckert, , Jr.			Date of Receipt
	Mailing Address 867 Forestville Meadow	s Dr.		12 22 2005
	City	State	Zip Code	Transaction ID: 11841344
	Great Falls	VA	22066-2437	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			230.00
	Name of Employer Daviess Community Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 233.0		1
	Other (specify) ▼	1	250.00	
				*
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	800.00
$\vdash$				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 182 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. D. Keith Jewell  Mailing Address 14838 Sulky Way  City Carmel  FEC ID number of contributing federal political committee.  Name of Employer St. Francis Hospital-Mooresville  Receipt For: Primary General Other (specify)		Zip Code 46032-5172 In e Director e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Gregory G. Jones Mailing Address 219 Fawn Ct.  City Pittsboro  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For: Primary General Other (specify)		Zip Code 46167-9178  n ormation Officer e Year-to-Date ▼ 250.00	Date of Receipt  M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
<b>-</b>	Full Name (Last, First, Middle Initial) Dr. Patricia A Maryland, M.D., P.H.  Mailing Address 10995 Sedgemoor Circle  City  Carmel  FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi  Receipt For:  Primary General  Other (specify)	State IN C Occupation Presiden		Date of Receipt  M M M / 22 / 2005  Transaction ID: 11841417  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number o	nlv)		

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 53 / 182
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	ny information copied from such Reports and Sta	atomonte may	unot be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	7 in one and the optical 7 leaders all of 17 lea			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Charles H Mason, , Jr.			Date of Receipt
	Mailing Address 6402 Cherry Hill Parkwa	ay		M M / D D / Y Y Y Y
				12 22 2005
	City	State	Zip Code	Transaction ID: 11841418
	Fort Wayne	IN	46835-9637	Amount of Each Receipt this Period
	FEC ID number of contributing	С		187.50
	federal political committee.	<u> </u>		107.50
	Name of Employer	Occupation	2	-
	Name of Employer Parkview Hospital		t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼		687.50	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address I-65 at 21st Street			M M / D D / Y Y Y Y
				12 22 2005
	City	State	Zip Code	Transaction ID: 11841420
	Indianapolis	<u>IN</u>	46202	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	1	_
	Name of Employer Clarian Health	Board Me		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Bruce Melchert			Date of Receipt
C.	Mailing Address P O Box 1367			<b>─</b>   <u>'</u>
	Mailing Address P O Box 1367			12 22 2005
	City	State	Zip Code	Transaction ID: 11841442
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
				_
	Name of Employer Clarian Health	Occupation		
			sident Government Relations	<del>;</del>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	☐ Other (Specify) ▼	0 0	1 1 1 1 1 1 1 1	1
_	IIDTOTAL of Descints This Days (auticus!)		_	937.50
$\vdash$	UBTOTAL of Receipts This Page (optional)			
				· ·

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 54 / 182	٦
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 1	7
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mrs. Jean M. Meyer			Date of Receipt	
	Mailing Address 201 Angela Court			12 22 2005	
	City	State	Zip Code	Transaction ID: 11841445	
	Noblesville	IN	46060-9241	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Vincent Hospitals and Health Servi	Occupation Sr. Vice I	n President & Chief Nursing O	<del>-</del> f	
	Receipt For:		e Year-to-Date ▼	7	
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Joseph Murdock			Date of Receipt	
	Mailing Address 930 Sable Run			1 2 2 2 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11841466	
	Carmel	IN	46032-9434	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer St. Vincent Hospitals and	Occupation	n	7	
	Health Servi		sident, Human Resources		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)		250.00		
				'	
Э.	Full Name (Last, First, Middle Initial) Mr. Samuel L. Odle			Date of Receipt	
	Mailing Address 1701 N. Senate Bouleva	ırd		1 2 2 2 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11841486	
	Indianapolis	IN	46206	Amount of Each Receipt this Period	_
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer Clarian Health	Occupation Senior Vi	n ice President & Chief Operat	in	
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		500.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
			•		
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

C				FOR LINE NUMBER: PAGE 55 / 182
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and St	atements may	unot he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Mr. Marvin G Pember			Date of Receipt
	Mailing Address P O Box 1367			M M / D D / Y Y Y Y
	O.h	04-4-	7in Ondo	12 22 2005
	City Indianapolis	State IN	Zip Code	Transaction ID: 11841503
		IIV	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clarian Health	Occupation Executive	n e Vice President and Chief F	in
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	J.
 R	Full Name (Last, First, Middle Initial) Dr. Jon D. Rahman, M.D.			Date of Receipt
٥.	Mailing Address 814 Burlington Lane			M M / D D / Y Y Y Y
				12 22 2005
	City	State	Zip Code	Transaction ID: 11841520
	Carmel	IN	46032	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	0		
	Name of Employer St. Vincent Hospitals and	Occupation	n	7
	Health Servi		dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) Linda Roberts	<u> </u>		Date of Receipt
	Mailing Address I65 at 21st Street			M M / D D / Y Y Y Y
				12 22 2005
	City	State	Zip Code	Transaction ID: 11841533
	Indpls	IN	46206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Clarian Health	Occupation Vice Pres		7
	Receipt For:		Year-to-Date ▼	_
	Primary General	3993.0		1
	Other (specify) ▼		250.00	
_				
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$	· · · · · · · · · · · · · · · · · · ·		•	-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 / 182
	· ·	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Mr. William B. Stephan			Date of Receipt
	Mailing Address I-65 at 21st Street			12 22 2005
	City	State	Zip Code	
	Indianapolis	IN	•	Transaction ID: 11841591
	•	IIN	46202-5250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clarian Health	Occupation		7
			ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (specify)	1 1	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			Bata of Basalia
В.				Date of Receipt
	Mailing Address P O Box 1367			12 22 2005
	City	State	Zip Code	Transaction ID: 11841605
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Clarian Health	Senior Vi	ce President and General C	ou <mark>n</mark>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Steve Wantz			Date of Receipt
J.	Mailing Address 7218 Marstella Drive			M M / D D / Y Y Y Y
	7210 Warstella Brive			12 22 2005
	City	State	Zip Code	Transaction ID: 11841637
	Brownsburg	IN	46112-8442	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			250.00
	Name of Employer Clarian Health	Occupation		
			ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)			J. Communication of the commun
_	IIDTOTAL of Docainto This Dane (auties 1)			1250.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			
				· ·

S	CHEDULE A (FEC Form 3X)		Llea caparata cabadula(a)	FOR LINE NUMBER: PAGE 57 / 182
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Dr. Michael C. Wiemann, M.D.			Date of Receipt
	Mailing Address 1814 N. 1100 E.			12 22 2005
	City	State	Zip Code	Transaction ID: 11841653
	Sheridan	IN	46069-9047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Hospitals and Health Servi	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. lan G. Worden			Date of Receipt
	Mailing Address 10749 King's Mill Dr.			12 22 2005
	City	State	Zip Code	Transaction ID: 11841665
	Cormol	IN	40000 0407	
	Carmel	IIN	46032-9467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	46032-9467	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and	C		
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation Chief Fin		
	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi	Occupation Chief Fin	n ancial Officer	
	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Occupation Chief Fin	n ancial Officer Year-to-Date ▼	
 c.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi  Receipt For:  Primary General Other (specify)	Occupation Chief Fin	n ancial Officer Year-to-Date ▼	250.00
C.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. James P Alender	Occupation Chief Fin	n ancial Officer Year-to-Date ▼	Date of Receipt
C.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Mr. James P Alender  Mailing Address 2601 Greentree Lane	Occupation Chief Fin Aggregate	n ancial Officer Year-to-Date ▼ 250.00	Date of Receipt    1 2
c.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial) Mr. James P Alender  Mailing Address 2601 Greentree Lane  City	Occupation Chief Fin Aggregate	ancial Officer Year-to-Date ▼  250.00  Zip Code	Date of Receipt    M
 C.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James P Alender  Mailing Address 2601 Greentree Lane  City  Kokomo  FEC ID number of contributing federal political committee.  Name of Employer Howard Regional Health Sy-	Occupation Chief Fin Aggregate State IN C	ancial Officer Year-to-Date ▼  250.00  Zip Code 46902-2951	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James P Alender Mailing Address 2601 Greentree Lane  City Kokomo  FEC ID number of contributing federal political committee.  Name of Employer Howard Regional Health System Receipt For:	Occupation Chief Fin Aggregate State IN C Occupation President	ancial Officer Year-to-Date ▼  250.00  Zip Code 46902-2951	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James P Alender Mailing Address 2601 Greentree Lane  City Kokomo  FEC ID number of contributing federal political committee.  Name of Employer Howard Regional Health System Receipt For:  Primary General	Occupation Chief Fin Aggregate State IN C Occupation President	ancial Officer Year-to-Date ▼  Zip Code 46902-2951	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. James P Alender Mailing Address 2601 Greentree Lane  City Kokomo  FEC ID number of contributing federal political committee.  Name of Employer Howard Regional Health System Receipt For:	Occupation Chief Fin Aggregate State IN C Occupation President	ancial Officer  Year-to-Date ▼  250.00  Zip Code 46902-2951  at and Chief Executive Office Year-to-Date ▼	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer St. Vincent Hospitals and Health Servi Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James P Alender Mailing Address 2601 Greentree Lane  City Kokomo  FEC ID number of contributing federal political committee.  Name of Employer Howard Regional Health System Receipt For:  Primary General	C Occupation Chief Fin Aggregate  State IN  C Occupation President Aggregate	Zip Code 46902-2951  and Chief Executive Office Year-to-Date ▼  250.00	Date of Receipt    M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 58 / 182
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Peter H Alexander			Date of Receipt
	Mailing Address 1082 Maple Ave			12 22 2005
	City	State	Zip Code	Transaction ID: 11841670
	Noblesville	IN	46060-2836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		6.25
	Name of Employer St. Elizabeth Ann Seton	Occupation Administr		
	Hospital of In Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1
	Other (specify) ▼		256.25	
				4
В.	Full Name (Last, First, Middle Initial) Ms. Karen Nelson			Date of Receipt
	Mailing Address 2 Stone Headge Drive			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	12 28 2005
	City	State	Zip Code	Transaction ID: 11842415
	Wilmington	MA	01887-3190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Massachusetts Organization of Nurse Ex	Sr. Vice F	President, Clinical Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Michael Regunberg			Date of Receipt
٥.	Mailing Address			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11842416
	Burlington	MA		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Massachusetts Hospital Association	Senior Vi	ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
				506.25
S	UBTOTAL of Receipts This Page (optional)		·······	300.23

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 59 / 182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13   14	15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Michael V Sack			Date of Receipt	
	Mailing Address 585 Lebanon Street			12 28	2005
	City	State	Zip Code	Transaction ID: 11	842417
	Melrose	MA	02176-3225	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Hallmark Health System	Occupation Presiden	n t and Chief Executive Office	,	
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Alan D Knight			Date of Receipt	
	Mailing Address 275 Sandwich Street			12 / 28	2005
	City	State	Zip Code	Transaction ID: 11	842427
	Plymouth	MA	02360-2183	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Jordan Hospital	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	F00.00	1	
	Other (specify) 🔻	0 0	500.00		
Э.	Full Name (Last, First, Middle Initial) Mr. Gary Moore			Date of Receipt	
	Mailing Address 3 Jacobs Gulch			12 / 28	2005
	City	State	Zip Code	Transaction ID: 11	843287
	Kellogg	<u>ID</u>	83837-2096	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			23.00
	Name of Employer Shoshone Medical Center	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1	273.00	1	
	Other (specify)	0 0	2/3.00		
s	UBTOTAL of Receipts This Page (optional)				773.00
_	OTAL This Davided (last many this Process)	(د رامد			
1	OTAL This Period (last page this line number of	riiy)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 182
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		(check only one)
				X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tom Legel			Date of Receipt
	Mailing Address 2003 Lincoln Way			12 28 2005
	City	State	Zip Code	Transaction ID: 11843332
	Coeur D' Alene	ID	83814-2677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		4.00
	Name of Employer Kootenai Medical Center	Occupation Vice Pres	n sident and Chief Financial O	if
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		254.00	
	care (eposity) \	-	0 0 0 0 0 0 0	'
В.	Full Name (Last, First, Middle Initial) Mr. Steven A. Millard			Date of Receipt
	Mailing Address 615 N. 7th Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11843353
	Eagle	ID	83702-5502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		29.00
	Name of Employer Idaho Hospital Association	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		070.00	
	Other (specify)	0 0	279.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Joseph E. Morris, III			Date of Receipt
	Mailing Address 304 S 11th Street			1 2 2 8 2 0 0 5
	City	State	Zip Code	Transaction ID: 11843357
	Coeur D Alene	ID	83814-3905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		23.00
	Name of Employer Kootenai Medical Center	Occupation	n ecutive Officer	
	Receipt For:	l	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		273.00	
s	UBTOTAL of Receipts This Page (optional)			56.00
1			•	

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 182
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Gairmary Fago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark B Adams			Date of Receipt
Λ.	Mailing Address 1717 Arlington			M M / D D / Y Y Y Y
	Walling Address 1717 Attitigtori			12 28 2005
	City	State	Zip Code	Transaction ID: 11843361
	Caldwell	ID	83605-4864	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		23.00
	N (5 )	10 "		
	Name of Employer West Valley Medical Center	Occupation	n ecutive Officer	
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	Aggregate	Teal to Bate ¥	7
	Other (specify)		273.00	
				-
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Louis D Kraml, , CHE			Date of Receipt
	Mailing Address 98 Poplar Street			M M / D D / Y Y Y Y
	<u></u>			12 28 2005
	City	State	Zip Code	Transaction ID: 11843366
	Blackfoot	ID	83221-1799	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Bingham Memorial Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	1
	Full Name (Last First Mills Live N			
C.	Full Name (Last, First, Middle Initial) Mr. Tom Wilbur			Date of Receipt
•	Mailing Address 14709 N Lowe Rd.			M M / D D / Y Y Y Y
	a g a a a a a a a a a a a a a a a a a a			12 28 2005
	City	State	Zip Code	Transaction ID: 11843406
	Mead	WA	99021-9434	Amount of Each Receipt this Period
	FEC ID number of contributing			325.00
	federal political committee.	C		323.00
	Name of Employer	Occupation	า	<del>- </del>
	Name of Employer Empire Health Services	CFO		
	Receipt For:		e Year-to-Date ▼	$\dashv$
	Primary General	00 0		7
	Other (specify) ▼		325.00	
_				
s	UBTOTAL of Receipts This Page (optional)			598.00
$\vdash$	·			
т	OTAL This Period (last page this line number of	only)		

SCHEDIII E A (EEC Form 3V)				FOR LINE NUMBER: PAGE 62 / 182	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	o solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	·				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Mark D Judy			Date of Receipt	
	Mailing Address P O Box 646			12 28 2005	
	Oth.	01-1-	7:- O-d-		
	City	State	Zip Code	Transaction ID: 11843407	
	Monroe	WA	98272-0646	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer	Occupation	1		
	Valley General Hospital	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1		7	
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
В.	Mr. A. Hugh Greene			Date of Receipt	
	Mailing Address 3939 Cordova Avenue			12 28 2005	
	211	01-1-	7'- 01-		
	City	State	Zip Code	Transaction ID: 11843416	
	Jacksonville	FL	32207-6018	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.	9			
	Name of Employer Baptist Health	Occupation	1		
	Baptist Health	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	7	
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)			Balant Banda	
C.	Mr. James F. Caldas			Date of Receipt	
	Mailing Address 6016 Overlea Road			12 28 2005	
	City	State	Zip Code	Transaction ID: 11843418	
	Bethesda	MD	20816-2469	Amount of Each Receipt this Period	
		IVID	20010-2409	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer Washington Hospital Center	Occupation	1		
		President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	7	
	Other (specify)		230.00	_	
_					
				1000.00	
S	UBTOTAL of Receipts This Page (optional)	······		1000.00	
T	OTAL This Period (last page this line number of				

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 63 / 182
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atomonte may	y not be sold or used by any perso	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ac			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Richard A Long			Date of Receipt
	Mailing Address P O Box 2500			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11846463
	Wilmington	DE	19805-0500	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer St. Francis Hospital	Occupation		
	·		t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)		200.00	
R	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Fried, , FACHE			Date of Receipt
Ь.				<del>-</del>
	Mailing Address 17 Patriots Way			12 28 2005
	City	State	Zip Code	Transaction ID: 11847250
	Rehoboth Beach	DE	19971-1057	Amount of Each Receipt this Period
		DL	19971-1037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Beebe Medical Center	Occupation	า	7
	Beebe Medical Center	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
Ċ.	Mr. Geoffrey F Cole			Date of Receipt
	Mailing Address 34 Maple Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11847483
	Norwalk	CT	06850-3815	***************************************
		UI .	00830-3813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederai politicai committee.			
	Name of Employer	Occupation	า	7
	Emerson Hospital	r		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$	. 3 (1 /			-

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 64 / 182
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atemente may	unot be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	7 an one dan 1 loop har 7 loop station 1 7 lo			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Thomas P Pipicelli			Date of Receipt
	Mailing Address 214 Atkins Street			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11847484
	Meriden	СТ	06450-3404	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	0		
	Name of Employer The William W. Backus Hos-	Occupation	n	┥
	The William W. Backus Hospital		t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
				1
	Full Name (Last, First, Middle Initial)			
В.	Dr. Susan L. Davis, , R.N., Ed			Date of Receipt
	Mailing Address 2800 Main Street			M M / D D / Y Y Y Y
	2:		7' 0 1	12 28 2005
	City	State	Zip Code	Transaction ID: 11847486
	Bridgeport	CT	06606-4292	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer St. Vincent's Medical Cen-	Occupation	n	7
	St. Vincent's Medical Cen- ter	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
C	Full Name (Last, First, Middle Initial) Mr. Reginald J. Lavoie			Date of Receipt
٥.	Mailing Address Swiftwater Road			M M / D D / Y Y Y Y
	Juliania / Idai			12 28 2005
	City	State	Zip Code	Transaction ID: 11848381
	Woodsville	NH	03785-2001	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Caralana	10	_	_
	Name of Employer Cottage Hospital	Occupation Administr		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	Aggregate	FICAI-IU-DAIC ▼	1
	Other (specify)		250.00	
	Said (openin)			1
6	UBTOTAL of Receipts This Page (optional)			1250.00
$\vdash$	ODITIAL OF Necespts This rage (optional)			

SCHEDULE A (FEC Form 3X)		Lles constate cobodule(s)	FOR LINE NUMBER: PAGE 65 / 182
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements mag name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Jeff Boutelle			Date of Receipt
Mailing Address 2918 Winthrop Road			12 28 7 2005
City	State	Zip Code	Transaction ID: 11850372
Shaker Heights	OH	44120-1828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UHHS Richmond Heights Hos- pital	Occupatio CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial)  Mr. Michael Nochomovitz			Date of Receipt
Mailing Address 118 Partridge Lane			12 28 2005
City	State	Zip Code	Transaction ID: 11850376
Chagrin Falls	OH	44022-4042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer UHHS Richmond Heights Hos- pital	Occupatio CEO	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Dr. Fred C Rothstein, , M.D.			Date of Receipt
Mailing Address 1080 W. Hill Drive			12 28 2005
City	State	Zip Code	Transaction ID: 11850377
Gates Mills	OH	44040-9627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupatio	n	
University Hospitals of Cleveland	Presiden	t and Chief Executive Officer	<u>,                                     </u>
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)	0 0		
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 182
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tom Snowberger			Date of Receipt
	Mailing Address 21926 McCauley Road			12 28 2005
	City	State	Zip Code	Transaction ID: 11850378
	Shaker Heights	ОН	44122-2708	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer UHHS Brown Memorial Hospi- tal	Occupation Senior VI	n P, Human Resources	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Steven Standley			Date of Receipt
	Mailing Address 29000 Center Ridge Rd	•		M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11850379
	Westlake	<u>OH</u>	44145-5293	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employee	10		
	Name of Employer St. Vincent Charity Hospi-	Occupation	n ecutive Officer	
	tal Receipt For:	1	Year-to-Date <b>V</b>	_
	Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		250.00	
	c (cpcc)/ <b>\</b>	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael A. Szubski			Date of Receipt
	Mailing Address 420 Countryside Drive			12 28 2005
	City	State	Zip Code	Transaction ID: 11850380
	Broadview Heights	ОН	44147-3413	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation		
	EMH Regional Medical Cent-		e Vice President & CFO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	1
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)		······································	750.00

S	CHEDULE A (FEC Form 3X)		Llas concrete achadula(a)	FOR LINE NUMBER: PAGE 67 / 182
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
				13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt
	Mailing Address 2743 Elginfield Road			12 28 2005
	City	State	Zip Code	Transaction ID: 11850382
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		425.00	7
	Other (specify) ▼	0 0	425.00	
В.	Full Name (Last, First, Middle Initial) Mr. Bruce D Begley			Date of Receipt
	Mailing Address P O Box 48			12 28 2005
	City	State	Zip Code	Transaction ID: 11850585
	Henderson	KY	42420-0048	Amount of Each Receipt this Period
	FEC ID number of contributing		1212000	
	federal political committee.	C		500.00
	Name of Employer Methodist Hospital	Occupation		
	Receipt For:	Executive	e Director e Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	-
	Other (specify) ▼		500.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Mr. Jeffrey Seraphine			Date of Receipt
	Mailing Address 1140 Lexington Road			12 28 2005
	City	State	Zip Code	Transaction ID: 11850586
	Georgetown	KY	40324-9362	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Georgetown Community Hosp-	Occupation		
	ital Receipt For:		ecutive Officer Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-Date V	-
	Other (specify)		500.00	
				1050.00
	UBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 182
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 inorioan i roopital 7 iooodiation i 7 io			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Joanna G. Thomas			Date of Receipt
	Mailing Address 162 Talbott Drive			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11850587
	Bowling Green	KY	42103-1322	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Southern Kentucky Rehabi-	Occupation		
	litation Hosp	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Joseph L Woodin			Date of Receipt
	Mailing Address 702 Partridge Hill Lane			12 28 2005
	211	01-1-	7'- 0-1-	
	City	State	Zip Code	Transaction ID: 11850613
	Randolph	VT	05060	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	<del>-</del>
	Gifford Medical Center		t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0	Tour to Date (	1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			+
Э.	Mr. Richard Slusky			Date of Receipt
	Mailing Address 289 County Road			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11850614
	Windsor	VT	05089-9702	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Ong.:nati-		
	Name of Employer Mt. Ascutney Hospital and	Occupation	ecutive Officer	
	Health Centé			_
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	. [
	Other (specify)	' '	250.00	
	Cirioi (Specify) 🔻		1 1 1 1 1 1 1	
_	LIDTOTAL of Descripts This Descriptors II			750.00
5	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Desired (least seem this Person I	-l. \		
- 11	OTAL This Period (last page this line number or	пу)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a
Anv	r information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or f	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\geq$	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Ms. Jodi Bloch			Date of Receipt
	Mailing Address 207 N Spooner Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11850707
	Madison	WI	53726-4034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		201.00
	Name of Employer Wisconsin Hospital Associ-	Occupation	n sident, Government Relations	
	ation Receipt For:		Year-to-Date ▼	<u>^</u>
	Primary General	00 0		
	Other (specify) ▼	0 0	1243.00	
	Full Name (Last, First, Middle Initial) Mr. Eric Borgerding			Date of Receipt
	Mailing Address 325 Glacier Ridge Tr			12 28 2005
	City	State	Zip Code	Transaction ID: 11850708
	Verona	WI	53593-1754	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		168.00
	Name of Employer Wisconsin Hospital Associ-	Occupation		
	ation		President, Government Affair	<u>s</u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1535.62	
_	Full Name (Last, First, Middle Initial)			
	Ms. Laura Leitch			Date of Receipt
	Mailing Address 4222 Mandan Crescent			12 28 2005
	City	State	Zip Code	Transaction ID: 11850709
	Madison	WI	53711-3062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
•	Name of Employer Wisconsin Hospital Associ-	Occupation	1	1
	ation		sident and General Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1090.20	
	☐ Other (specify) ▼	-	0 0 0 0 0 0 0	
SL	JBTOTAL of Receipts This Page (optional)		······	452.34
т	TAL This Period (last nage this line number on	lv)	•	

PAGE 70 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Judith Warmuth Mailing Address 231 W School Street 2005 12 28 Route 4 Zip Code City State Transaction ID: 11850710 Belleville W 53508-9599 Amount of Each Receipt this Period FEC ID number of contributing 125.01 C federal political committee. Name of Employer Wisconsin Hospital Associ-Occupation VP, Workforce Development ation Receipt For: Aggregate Year-to-Date ▼ General Primary 1283.55 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Laura D. Appel Date of Receipt Mailing Address 224 Vicksburg 30 2005 City Zip Code State Transaction ID: 11850735 Lansing MI 48917-9607 Amount of Each Receipt this Period FEC ID number of contributing C 650.00 federal political committee. Name of Employer Michigan Health & Hospital Occupation Senior Director, Legislative Policy Association Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) C. Ms. Kathleen A. Dickenson Date of Receipt Mailing Address 2678 Moreno Drive 2005 12 30 City State Zip Code Transaction ID: 11850737 Lansing MI 48911-6460 Amount of Each Receipt this Period FEC ID number of contributing 750.00 C federal political committee. Name of Employer MHA Service Corporation Occupation Senior Vice President Receipt For: Aggregate Year-to-Date ▼ General Primary 964.29 Other (specify) 1525.01 SUBTOTAL of Receipts This Page (optional) .....

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 71 / 182
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Finkbeiner			Date of Receipt
	Mailing Address 85 Damon Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11850749
	Haslett	MI	48840-9747	Amount of Each Receipt this Period
			10010 0717	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		315.00
	Name of Employer Michigan Health & Hospital	Occupation	า	
	Association	Senior Di	rector, Legislative Issues	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		315.00	1
	Other (specify) ▼		313.00	1
В.	Full Name (Last, First, Middle Initial) Ms. Christine Goeschel, RN, MPA, M			Date of Receipt
υ.	Mailing Address 6916 Toboggan Lane			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: 11850756
	Lansing	MI	48917-8632	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		752.51
	federal political committee.	C		752.51
	Name of Employer Michigan Health & Hospital	Occupation	า	
	Association	Executive	e Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		752.51	1
	Other (specify)		702.01	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David B. Jahn			Date of Receipt
٥.	Mailing Address 3174 S. Woodfield Blvd			M M / D D / Y Y Y Y
	Apt. 136	•		12 30 2005
	City	State	Zip Code	Transaction ID: 11850763
	Sault Sainte Marie	MI	49783-9432	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer War Memorial Hospital	Occupation Hospital		
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General		057.50	1
	Other (specify) ▼		857.50	
_				
				1567.51
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	1307.31
1				

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 182	,
			Use separate schedule(s) or each category of the	(check only one)	
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			,	13 14 15 16	17
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Lori Latham			Date of Receipt	
	Mailing Address 1314 George Street			12 30 4 2005	
	City	State	Zip Code	Transaction ID: 11850771	
	Lansing	MI	48910-1235	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Michigan Health & Hospital Association	Occupation Director	n		
	Receipt For:	1	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) 🔻	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Mr. Jim Lee			Date of Receipt	
	Mailing Address 803 Greenwich Drive	12 30 2005			
	City	State	Zip Code	Transaction ID: 11850782	
	Grand Ledge	MI	48837-2411	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		385.00	
	Name of Employer Michigan Health & Hospital	Occupation			
	Association Receipt For:	<u> </u>	orate Information Services e Year-to-Date ▼	_	
	Primary General	Aggregate	Teal to Bate V	1	
	Other (specify) ▼	0 0	385.00		
).	Full Name (Last, First, Middle Initial) Mr. Bradley D. Lonsberry			Date of Receipt	
	Mailing Address 4844 Sycamore Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
	City	State	Zip Code	Transaction ID: 11850785	_
	Holt	MI	48842-1551	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer MHA Insurance Company	e of Employer A Insurance Company  Occupation Vice President			
	Receipt For:		e Year-to-Date ▼		
	Primary General	-	0E7.1C	1	
	Other (specify) ▼		857.16		
s	UBTOTAL of Receipts This Page (optional)			1135.00	
			<u></u>		
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 182
	EMIZED RECEIPTS	or each category of the		(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			, c	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 3896 Breckinridge			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11850791
	Okemos	MI	48864-3845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Michigan Health & Hospital Association	Occupation Public Re		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Stephen J. O'Connor			Date of Receipt
	Mailing Address 606 Hastay Boulevard			12 30 7 2005
	City	Transaction ID: 11850798		
	Eaton Rapids	MI	48827-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MHA Service Corporation	Occupation Senior Di		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Verne J. Rambo, II			Date of Receipt
	Mailing Address 1136 Norfolk Circle			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11850806
	Grand Ledge	MI	48837-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer MHA Insurance Company	Occupation Vice Pres	n sident, Alternative Risk	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 540.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
$\overline{}$			<u> </u>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 182
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and State	mente mav	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	` ,			
/	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
۸.	Mr. Peter J. Schonfeld			Date of Receipt
	Mailing Address 7105 Cutler Road			M M / D D / Y Y Y Y
	Walling Address 7 103 Outlet Hoad			30 2005
	City	State	Zip Code	Transaction ID: 11850808
	Bath	MI	48808-9439	Amount of Each Receipt this Period
		1411	10000 0 100	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		750.00
	rederal political committee.			
	Name of Employer Michigan Health & Hospital	Occupation	1	7
	Michigan Health & Hospital Association	Sr. Vice F	President, Policy & Data Svo	s
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	l	750.00	
				'
	Full Name (Last, First, Middle Initial)			
3.	Mr. Steve Barnett			Date of Receipt
	Mailing Address 830 Hemingway Road			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: 11850828
	Lake Orion	MI	48362-2635	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			265.00
	·			
	Name of Employer Harbor Beach Community Ho-	Occupation		
	spital		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		205.00	
	Other (specify)		265.00	
_	Full Name (Last, First, Middle Initial)			
J.	Mr. Michael Duggan			Date of Receipt
	Mailing Address 38980 Ann Arbor Trail			12 30 2005
	City	Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 11850831
	Livonia	MI	48150-2463	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.	0		
	Name of Employer	Occupation	1	┪
	Name of Employer Detroit Medical Center	•	and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	. iggi ogalo		
	Other (specify)		500.00	
			0 0 0 0 0 0 0	
_	LIDTOTAL of Descints This Dame (entire th		_	1515.00
5	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL Tide Desired # 1			
- 10	OTAL This Period (last page this line number onl	V1		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 182
			(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Garry C. Faja			Date of Receipt
Mailing Address 920 Aberdeen Drive			12 30 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 11850832
Ann Arbor	MI	48104-2808	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		800.00
Name of Employer Saint Joseph Mercy Health System	Occupation Presiden	n t and Chief Executive Office	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		800.00	
Full Name (Last, First, Middle Initial)  3. Mr. Elliot Joseph			Date of Receipt
Mailing Address 731 S. Bates			12 30 7 2005
City	State	Zip Code	Transaction ID: 11850836
<u>Birmingham</u>	MI	48009-1955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		550.00
Name of Employer St. John Health	Occupation Health Ca	n are Executive	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		550.00	
Full Name (Last, First, Middle Initial)			Data of Descint
Mr. Peter Karadjoff Mailing Address 304 Fairway Court			Date of Receipt
	01-1-	7'- O-d-	12 30 2005
City <u>St</u> . Clair	State MI	Zip Code	Transaction ID: 11850837
	IVII	48079-3570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Hospital	Occupation President		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1600.00
TOTAL This Period (last page this line number o	nlv)		

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 182
IT	ITEMIZED RECEIPTS		or each category of the	(check only one)    X   11a     11b     11c   12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Donald C Kooy			Date of Receipt
	Mailing Address G3235 Beecher Road, S	Suite B		12 30 2005
	City	State	Zip Code	Transaction ID: 11850838
	<u>Flint</u>	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer McLaren Health Care Corpo-	Occupation	n	
	ration		t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Carior (openity)	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 7865 Whitburn Dr. SE			12 30 2005
	City	State	Zip Code	Transaction ID: 11850840
	Ada	MI	49301-9398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Saint Mary's Health Care	Occupation	n	7
	Saint Mary's Health Care	Hospital	Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
		0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Thomas Mroczkowski			Date of Receipt
	Mailing Address 2645 Rosewood Lane			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11850841
	Petoskey	MI	49770-8319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Northern Michigan Regional	Occupation		7
	Health Syst		ystem CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	. [
	Primary General Other (specify) ▼	, ,	250.00	
	Culoi (Specify) \		0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 182
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Si for commercial purposes, other than using the	name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Barbara W. Rossmann			Date of Receipt
	Mailing Address 54311 Queensborough			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11850843
	Shelby Township	MI	48315-1166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Joseph's Medical Cent- er	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Schlichting			Date of Receipt
	Mailing Address 15 Turnberry Lane			12 30 2005
	City	State	Zip Code	Transaction ID: 11850844
	Dearborn	MI	48120-1167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Henry Ford Health System	Occupation President	n t and Chief Executive Office	,
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)	0 0	100.00	
C.	Full Name (Last, First, Middle Initial) Mr. James J. Sexton			Date of Receipt
	Mailing Address 27100 Loma Court			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11850846
	Grosse Ile	MI	48138-2170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry Ford Wyandotte Hosp- ital	Occupation President	n t and Chief Executive Office	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	<b>OTAL</b> This Period (last page this line number of	JI (I V )		

SCHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 78 / 182
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  A. Mr. Paul A Spaude			Date of Receipt
Mailing Address 6354 East Bay Lane			12 30 7 2005
City	State	Zip Code	Transaction ID: 11850847
Richland	MI	49083-8707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Borgess Health Alliance	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	500.00	1
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial)  Mr. Mark Taylor			Date of Receipt
Mailing Address 16 Dodge Place			12 30 7 2005
City	State	Zip Code	Transaction ID: 11850848
Grosse Pointe	MI	48230-1939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer St. John Hospital and Med- ical Center	Occupation President		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial)  Mr. Steve Altmiller			Date of Receipt
Mailing Address 801 West Maple Street			12 20 20 5
City	State	Zip Code	Transaction ID: 11853726
<u>Farmington</u>	NM	87401-5698	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer San Juan Regional Medical Center	Occupation Presiden	n t and Chief Executive Officer	
Receipt For:		e Year-to-Date ▼	7
Primary General		000.00	1
Other (specify)		300.00	
SUBTOTAL of Receipts This Page (optional)			1050.00
TOTAL This Period (last page this line number of	only)	<b>)</b>	

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 182 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben Mailing Address 4885 Pheasant Court So City Afton FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Associ-	State MN  C  Occupation Presiden		Date of Receipt    M M M
	ation  Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 770.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn Mailing Address 2550 University Avene City	State	Zip Code	Date of Receipt  1 2 2 8 2 0 0 5  Transaction ID: 11856160
	St. Paul FEC ID number of contributing federal political committee.	C	55114	Amount of Each Receipt this Period 350.00
	Name of Employer Minnesota Hospital Association  Receipt For:  Primary General  Other (specify) ▼		n sident of Information Service e Year-to-Date ▼ 400.00	s
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 3405 Riverside Dr. NE			Date of Receipt  1 2 2 8 2 0 0 5
	City Bemidji	State MN	Zip Code 56601-5310	Transaction ID: 11856171  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		266.68
	Name of Employer North Country Regional Hospital Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		n t and Chief Executive Officer e Year-to-Date ▼ 683.38	
s	UBTOTAL of Receipts This Page (optional)			886.18
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 80 / 182
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. George N Miller,, Jr.			Date of Receipt
	Mailing Address 500 West Court Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11856341
	Kankakee	IL	60901-3661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Provena St. Mary's Hospit- al	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			_
В.	,			Date of Receipt
	Mailing Address 14 Brandonwood			M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	12 28 2005
	O Fallon	State IL	'	Transaction ID: 11856342
		IL.	62269-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
		10 "		
	Name of Employer Anderson Hospital	Occupation	า t and Chief Executive Officer	.
	Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	riggregate	Total to Bate V	1
	Other (specify)		370.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. James H Skogsbergh Mailing Address 2025 Windsor Drive			Date of Receipt
	Walling Address 2025 Windsor Drive			12 28 2005
	City	State	Zip Code	Transaction ID: 11856343
	Oak Brook	<u> </u>	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Advocate Health Care	Occupation	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
_				
				1100.00
S	UBTOTAL of Receipts This Page (optional)		······	1100.00
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 182		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
••	EMIZED REGENT 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Δι	ny information copied from such Reports and Si	tatements may	y not he sold or used by any ners			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Fox			Date of Receipt		
	Mailing Address 3815 HIghland Avenue			12 28 2005		
	City	State	Zip Code	Transaction ID: 11856344		
	Downers Grove	<u>IL</u>	60515-1500	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Central DuPage Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	900.00	1		
	Curer (specify)		0 0 0 0 0 0 0	1		
В.	Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings			Date of Receipt		
ъ.	Mailing Address 2829 Cheswick Rd.			M M / D D / Y Y Y Y		
	Walling Address 2029 Cheswick Nd.			12 28 2005		
	City	State	Zip Code	Transaction ID: 11856345		
	Quincy	<u> </u>	62301-6380	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Blessing Hospital	Occupation	n t and Chief Executive Office			
	Receipt For:		Year-to-Date V	<u>'                                    </u>		
	Primary General	00 0		1		
	Other (specify) ▼	0 0	350.00			
C.	Full Name (Last, First, Middle Initial) Mr. Edward B. Anderson			Date of Receipt		
•	Mailing Address 100 East LeFevre Road			M M / D D / Y Y Y Y		
				12 28 2005		
	City	State	Zip Code	Transaction ID: 11856346		
	Sterling	IL	61081-1347	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer CGH Medical Center		Human Resources			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	, ,	300.00			
	Culei (specily)	1				
s	UBTOTAL of Receipts This Page (optional)			800.00		
			_			
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 82 / 182
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE			Date of Receipt
	Mailing Address 2239 Charter Point Drive	Э		12 28 2005
	City	State	Zip Code	Transaction ID: 11856347
	Arlington Heights	IL	60004-7226	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		900.00
	Name of Employer Evanston Northwestern Hea-	Occupation	n t, Hospitals and Clinics	
	Ithcare Receipt For:		Year-to-Date $\nabla$	$\dashv$
	Primary General	Aggregate	Total to Date 🔻	1
	Other (specify)		1400.00	
В.	Full Name (Last, First, Middle Initial) Mr. John Halfen			Date of Receipt
	Mailing Address 150 Pioneer Lane			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11856348
	Bishop	CA	93514-2599	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	1	7
	Northern Inyo Hospital	Administr	rator, Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)		330.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Gary A. Mecklenburg  Mailing Address 1344 Fdge Wood Lane			Date of Receipt
	Mailing Address 1344 Edge Wood Lane			12 28 2005
	City	State	Zip Code	Transaction ID: 11856349
	Winnetka	IL	60093-1412	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	Name of Employer Northwestern Memorial Hos-	Occupation		
	pital	·	& Chief Executive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)	' '	1000.00	
	☐ Other (specify) ▼			
0	UBTOTAL of Receipts This Page (optional)			1500.00
$\vdash$	ODITAL OF HOOGIPES THIS Lage (Optional)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 83 / 182
·			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jean Przybylek			Date of Receipt
	Mailing Address 306 Highland			12 28 2005
	City	State	Zip Code	Transaction ID: 11856351
	Elmhurst	IL	60126-2245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Northwestern Memorial Hos- pital	Occupation Vice Pres	n sident, Operations	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Timothy P. Selz			Date of Receipt
	Mailing Address 2615 Washington Street	et		M M / D D / Y Y Y Y
	City	State	Zip Code	12 28 2005
	Waukegan	IL	60085-4980	Transaction ID: 11856352
			00003-4900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Localination		_
	Name of Employer Provena Mercy Center	Occupation President		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7 1991 09410	Total to Buto V	1
	Other (specify) ▼		450.00	
	Full Name (Last, First, Middle Initial)			1
C.	Mr. Darryl L Vandervort			Date of Receipt
	Mailing Address 403 East First Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11856354
	Dixon	IL	61021-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Katherine Shaw Bethea Hos-	Occupation	1	7
	pital		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		900.00	
	Other (specify)		300.00	
				_ <u></u>
١.				800.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	000.00
1				

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 84 / 182	
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Δr	y information copied from such Reports and St	atomonte ma	, not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. William T Foley			Date of Receipt	
	Mailing Address 19065 Hickory Creek D	rive, 300		M M / D D / Y Y Y Y	
		,		12 28 2005	
	City	State	Zip Code	Transaction ID: 11856355	
	Mokena	IL	60448-8599	Amount of Each Receipt this Period	
	FEC ID number of contributing			100.00	
	federal political committee.	C		400.00	
	Name of Employer Provena Health	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		400.00		
	Other (specify)		400.00		
В.	Full Name (Last, First, Middle Initial)			Date of Respiret	
О.		000		Date of Receipt	
	Mailing Address 19065 Hickory Creek D	12 28 2005			
	City	State	Zip Code	Transaction ID: 11856356	
	Mokena	IL	60448		
		- IL	00448	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer Provena Health	Occupation	n		
	Provena Health	Senior Vi	ce President and Chief Clini	c	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify)		250.00		
				•	
	Full Name (Last, First, Middle Initial)				
C.	Mr. Anthony Filer			Date of Receipt	
	Mailing Address 19065 Hickory Creek D	r, 300		12 28 2005	
	C:h.	C+-+-	7:- Onda		
	City	State	Zip Code	Transaction ID: 11856357	
	Mokena	<u>IL</u>	60448	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.	0			
	Name of Employer	Occupation	 1	┪	
	Name of Employer Provena Health		ce President and Chief Fina	nd	
	Receipt For:		Year-to-Date ▼	1	
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
				1	
ء	UBTOTAL of Receipts This Page (optional)			900.00	
$\vdash$					

<b>5</b> 0	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 182		
SCHEDULE A (FEC FOIIII 3X)		Use separate schedule(s)		check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
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or fo	rinformation copied from such Reports and Stor commercial purposes, other than using the	atements may name and ado	rnot be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
1	NAME OF COMMITTEE (In Full)					
)	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial) Mr. David Bertauski			Date of Receipt		
1	Mailing Address 1400 West Park Street			12 28 2005		
(	City	State	Zip Code	Transaction ID: 11856358		
	Urbana	IL	61801-2334	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Provena Covenant Medical Center Receipt For:	Occupation CEO	n Year-to-Date ▼			
•	Primary General Other (specify) ▼	7 iggi ogalo	300.00			
	Full Name (Last, First, Middle Initial) Mr. Bruce Merrell			Date of Receipt		
1	Mailing Address 400 North Pleasant Ave	12 28 2005				
(	City	State	Zip Code	Transaction ID: 11856359		
	Centralia	IL	62801-3056	Amount of Each Receipt this Period		
	FEC ID number of contributing rederal political committee.	C		300.00		
]	Name of Employer St. Mary's Hospital	Occupation President				
Ī	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		800.00			
	Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , CHE			Date of Receipt		
-	Mailing Address 530 Park Avenue East			12 28 2005		
(	City	State	Zip Code	Transaction ID: 11856361		
	Princeton	IL	61356-3901	Amount of Each Receipt this Period		
Ī	FEC ID number of contributing federal political committee.	С		400.00		
1	Name of Employer Perry Memorial Hospital	Occupation President	n tand Chief Executive Office	r		
Ī	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		400.00			
su	IBTOTAL of Receipts This Page (optional)			1000.00		

COUEDING A (FEC Form 2V)				FOR LINE NUMBER: PAGE 86 / 182		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a  11b  11c  12		
			Detailed Summary Page			
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH			Date of Receipt		
	Mailing Address 1025 Glenview Road			12 28 2005		
	City	State	Zip Code	Transaction ID: 11856362		
	Glenview	IL	60025-3134	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Rehabilitation Institute of Chicago Receipt For:  Primary General Other (specify) ▼		t and Chief Executive Officer Year-to-Date ▼			
— В.	Full Name (Last, First, Middle Initial) Ms. Sherlyn Hailstone			Date of Receipt		
	Mailing Address 355 Ridge Avenue	12 28 2005				
	City	Transaction ID: 11856363				
	Evanston	anston IL 60202-3399				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 500.00		
	Name of Employer Saint Francis Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date <b>V</b>			
	Primary General Other (specify) ▼		1000.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Colleen Kannaday			Date of Receipt		
	Mailing Address 12935 South Gregory St	treet		1 2 2 8 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11856364		
	Blue Island	IL	60406-2428	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			400.00		
	Name of Employer Saint Francis Hospital and Health Cent	Occupation President				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		900.00			
s	UBTOTAL of Receipts This Page (optional)			1400.00		
$\vdash$				-		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 87 / 182		
ITEMIZED RECEIPTS			or each category of the	(check only one)			
II LIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c   12		
				13 14	15 16 17		
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persol dress of any political committee to:	n for the purpose of sol solicit contributions fro	iciting contributions m such committee.		
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,				
$  \rangle$	American Hospital Association PAC						
	7 in ordan riospital riosociation i rio						
_	Full Name (Last, First, Middle Initial)						
A.	Mr. David A. Nelson			Date of Receipt			
	Mailing Address 1522 North Ashaland A	venue		1 2 2	8 2005		
	City	State	Zip Code				
	River Forest	IL	60305-1034	Transaction ID:			
		- IL	00303-1034	Amount of Each i	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			400.00		
	Name of Employer St. Francis Hospital & He-	Occupation					
	alth Center		ecutive Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	' '	900.00				
	Other (specify)	0 0					
	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address 628 Old Tippecanoe				D / Y Y Y Y		
	-		12 2				
	City	State	Zip Code		Transaction ID: 11856366		
	Springfield	<u> </u>	62707-8226	Amount of Each I	Receipt this Period		
	FEC ID number of contributing	С			300.00		
	federal political committee.						
	Name of Employer St. John's Hospital	Occupation	n				
	St. John's Hospital	Executive	e Vice President and Adminis	str			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		675.00				
	Other (specify)		0,0.00				
_	Full Name (Last, First, Middle Initial)						
C.	Mr. Dennis C Millirons			Date of Receipt			
	Mailing Address 2000 C North Springvie	w Drive		M M / D			
				12 2	2005		
	City	State	Zip Code	Transaction ID:	11856367		
	Kankakee	<u> </u>	60901-2901	Amount of Each I	Receipt this Period		
	FEC ID number of contributing	С			400.00		
	federal political committee.	0					
Riverside Médical Center Pı Receipt For: A		Occupation	n				
		President	t and Chief Executive Officer				
		Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼			900.00				
			900.00				
_							
_	UDTOTAL «CD» · · · · · · · · · · · · · · · · · · ·				1100.00		
Ls	UBTOTAL of Receipts This Page (optional)		······				
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 88 / 182
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John Jurica			Date of Receipt
	Mailing Address 325 Rock Creek Drive			12 28 7 2005
	City	State	Zip Code	Transaction ID: 11856368
	Manteno	<u> L</u>	60950-3470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Riverside Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Robert T. Clarke			Date of Receipt
	Mailing Address 800 North Rutledge Stre	12 28 7 2005		
	City	State	Zip Code	Transaction ID: 11856369
	Springfield	IL	62781-0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Health System	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Edgar J Curtis, , R.N.			Date of Receipt
	Mailing Address 701 North First Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11856370
	<u>Springfield</u>	IL	62781-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Memorial Health System	Occupation Executive	n e Vice President and Chief C	pe
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
SI	UBTOTAL of Receipts This Page (optional)			900.00
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 89 / 182
	·		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Kevin R. England			Date of Receipt
	Mailing Address 39 Harbauer Lane			12 28 2005
	City	State	Zip Code	Transaction ID: 11856371
	Springfield	IL	62702-3444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Memorial Health System	Occupation President	n t, Clinical Support Services	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		460.00	
В.	Full Name (Last, First, Middle Initial) Mr. William B Leaver			Date of Receipt
	Mailing Address 2701 17th Street			12 28 2005
	City	State	Zip Code	Transaction ID: 11856372
	Rock Island	IL	61201-5351	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	7
	Trinity Medical Center-We- st	President	t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify)		625.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael Thoms			Date of Receipt
J.	Mailing Address 2701 17th Street			M M / D D / Y Y Y Y
	2701 17(11 3(166)			12 28 2005
	City	State	Zip Code	Transaction ID: 11856373
	Rock Island	IL	61201-5351	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Trinity Medical Center-We-	Occupation Board Ch		
st Receipt For: Primary General			Year-to-Date <b>V</b>	-
		, iggi egale	, I Gai to Dato ¥	1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
٩	UBTOTAL of Receipts This Page (optional)			950.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 182			
ITEMIZED RECEIPTS		or each category of the		(check only one)			
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12			
			_ common common y ange	13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
Α.	Full Name (Last, First, Middle Initial) Mr. William E Kessler, , FACHE			Date of Receipt			
	Mailing Address 1216 North Hanser Land	Э		12 28 2005			
	City	State	Zip Code	Transaction ID: 11856374			
	Godfrey	IL	62035-1840	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Saint Anthony's Health Ce- nter	Occupatio Presiden		1			
	Receipt For:	Aggregate	e Year-to-Date ▼	1			
	Primary General						
	Other (specify) ▼		1000.00				
В.	Full Name (Last, First, Middle Initial) Mr. Michael L. Nelson			Date of Receipt			
	Mailing Address 1904 Montview	12 28 2005					
	City	State	Zip Code	Transaction ID: 11856375			
	Godfrey	IL	62035-1615	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		150.00			
	Name of Employer	Occupatio	n	†			
	Name of Employer Saint Anthony's Health Ce-	Administ					
	nter Receipt For:		e Year-to-Date ▼	-			
	Primary General	199.194					
	Other (specify) ▼	0 0	275.00				
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski			Date of Receipt			
	Mailing Address 3333 North Seminary St	treet		12 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 11856376			
	Galesburg	IL	61401-1299	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			200.00			
	Name of Employer OSF St. Mary Medical Cent- er	Occupatio Administ	n rator and Chief Executive Off				
Receipt For:			e Year-to-Date ▼	1			
	Primary General						
	Other (specify) ▼	0 0	450.00				
s	UBTOTAL of Receipts This Page (optional)		<b></b>	850.00			
$\vdash$	,						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 91 / 182
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Lage	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	•			
•	Full Name (Last, First, Middle Initial)			
A.	Mr. Keith E Steffen			Date of Receipt
	Mailing Address 530 N.E. Glen Oak Ave	nue		M M / D D / Y Y Y Y
	<u> </u>			12 28 2005
	City	State	Zip Code	Transaction ID: 11856377
	Peoria	IL	61637-0001	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			200.00
	Name of Employer	Occupation	2	-
	Name of Employer OSF Saint Francis Medical	Occupation	rator and Chief Executive Off	;;
	Center Receipt For:			
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	450.00	
	☐ Other (specify) ♥			
	Full Name (Last, First, Middle Initial)			+
В.	,			Date of Receipt
	Mailing Address 2875 West 19th Street			M M / D D / Y Y Y Y
	ZO75 West 19th Street			1 2 2 8 2 0 0 5
	City	State	Zip Code	Transaction ID: 11856378
	Chicago	IL	60623-3501	Amount of Each Receipt this Period
	——— <del>—</del>	15	50020 5001	Amount of Each receipt this i chou
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Saint Anthony Hospital	Occupation	n	
	Saint Anthony Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000.00	
	Other (specify)		900.00	
				•
_	Full Name (Last, First, Middle Initial)			5. (5. )
C.	Ms. Patricia Shehorn			Date of Receipt
	Mailing Address 1225 Lake Street			12 28 2005
	City.	State	Zip Code	
	City		•	Transaction ID: 11856379
	Melrose Park	<u> </u>	60160-4000	Amount of Each Receipt this Period
	FEC ID number of contributing	С		400.00
	federal political committee.	9		
	Name of Employer	Occupation	n	7
Westlake Hospital			ecutive Officer	
			Year-to-Date ▼	1
	Primary General	55. 554.6		
	Other (specify)		900.00	
			0 0 0 0 0 0 0	'
。	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$	ODIVIAL OF RECEIPES THIS Page (OPHOTAL)		······	
1				· ·

CCHEDIII E A /EEC Earm 2V)				FOR LINE NUMBER: PAGE 92 / 182		
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) (c.		check only one)		
ΙT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12		
			Detailed Summary Page	13 14 15 16 17		
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	·					
	Full Name (Last, First, Middle Initial)			1		
A.	Mr. James T Frankenbach			Date of Receipt		
	Mailing Address 51 Bradford Lane			12 28 2005		
	City	State	Zip Code	Transaction ID: 11856380		
	Oak Brook	IL	60523-2350	Amount of Each Receipt this Period		
			00020 2000			
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer Rush University Medical	Occupation				
	Center		ce President Corporate and	Hb ⊣		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	900.00			
	Citiei (specify)	0 0	0 0 0 0 0 0 0			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 77 North Airlite Street			M M / D D / Y Y Y Y		
			12 28 2005			
	City	State	Zip Code	Transaction ID: 11857836		
	<u>Elgin</u>	<u> L</u>	60123-4998	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		450.00		
	federal political committee.					
	Name of Employer Provena Saint Joseph Hosp-	Occupation	า			
	ital		t and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		450.00			
	Other (specify)	0 0				
	Full Name (Last, First, Middle Initial)					
C.				Date of Receipt		
	Mailing Address 251 East Huron Street			M M / D D / Y Y Y Y		
				12 28 2005		
	City	State	Zip Code	Transaction ID: 11857838		
	Chicago	<u>IL</u>	60611-2908	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.					
Name of Employer Northwestern Memorial Hos-		Occupation		7		
	pital		sident, Government and Legi	sla		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		450.00			
	Other (specify)		700.00			
_						
_				1100.00		
L	UBTOTAL of Receipts This Page (optional)		······			
1						

## SCHEDULE A (FEC Form 3X)

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAG	GE 93 / 182
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting cor	ntributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such co	ommittee.
/	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. D. Allan Gray			Date of Receipt	
	Mailing Address 4804 Northcott Avenue			M M / D D / Y	YYYY
	011			12 28	2005
	City	State	Zip Code	Transaction ID: 1185784	
	Downers Grove	<u>IL</u>	60515-3435	Amount of Each Receipt th	is Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer University of Chicago Hos-	Occupation	n		
	University of Chicago Hospitals	CEO			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)	0 0	250.00		
2	Full Name (Last, First, Middle Initial) Ms. Donna King			Date of Receipt	
٠.	Mailing Address 12731 S. 83rd Street			M M / D D / Y	YYY
	Mailing Address 12731 3. 6310 Street			1 2 2 8	2005
	City	State	Zip Code	Transaction ID: 1185784	3
	Palos Park	IL	60464-2026	Amount of Each Receipt th	
	FEC ID number of contributing				105.00
	federal political committee.	C			125.00
	Name of Employer	Occupation	^	_	
	Advocate Illinois Masonic		rse Executive		
	Medical Cent Receipt For:		Year-to-Date ▼		
	Primary General	1 1991 191111		1	
	Other (specify)		250.00		
`	Full Name (Last, First, Middle Initial)			D . (D	
j.	Mr. James J. Kowalczyk			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd.			1 2 2 8 Y	2005
	City	State	Zip Code	Transaction ID: 1185784	
	Naperville	IL	60563-9339	Amount of Each Receipt th	
	FEC ID number of contributing				1 1 1
	federal political committee.	C			250.00
	Name of Freedom	Lowers		_	
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres			
	tion Receipt For:	1	Year-to-Date ▼		
	Primary General	7.99.094.0	Total to Bate V	1	
	Other (specify)		250.00		
				<u> </u>	
	•				
SI	JBTOTAL of Receipts This Page (optional)				625.00
			<u> </u>	-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)			Llas congreta achadula(a)	FOR LINE NUMBER: PAGE 94 / 182
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Rob Madsen			Date of Receipt
	Mailing Address 1151 E. Warrenville Ro			12 28 2005
	City	State	Zip Code	Transaction ID: 11857846
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Manager	n , Worker's Compensation	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Edward Molare			Date of Receipt
	Mailing Address PO Box 842			M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11857847
	Frankfort	IL	60423-0842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Provena Health	Occupation CEO	n	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 13		7
	Other (specify) ▼	0 0	250.00	
<u>С.</u>	Full Name (Last, First, Middle Initial) Mr. James M. Moore, CHE			Date of Receipt
	Mailing Address 800 N.E. Glen Oak Ave	nue		M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11857848
	<u>Peoria</u>	<u>IL</u>	61603-3255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer OSF Healthcare System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		e Year-to-Date ▼	1
	Primary General			1
Other (specify) ▼			900.00	
[	UBTOTAL of Receipts This Page (optional)	1650.00		
$\vdash$	ODITION OF THEORIPIS THIS Page (optional)			
Ι,	OTAL This Period (last page this line number o	nlv)		

## SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 95 / 182
	-		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciti	ng contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	uch committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. John Potter			Date of Receipt	
	Mailing Address 430 Cobblestone Drive			1 2 2 8	2005
	City	State	Zip Code		
	Aurora	II	60506-4416	Transaction ID: 118	
		IL.	00300-4410	Amount of Each Rec	eipi inis Penoa
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Dreyer Medical Clinic	Occupation	n		
	Dreyer Medical Clinic	President	t		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	230.00		
	Full Name (Least First Middle Letter)				
3.	Full Name (Last, First, Middle Initial) Mr. Kevin Rose			Date of Receipt	
	Mailing Address 808 Buck Court			M M / D D	/ <b>Y</b>
		12 28	2005		
	City State Zip Code			Transaction ID: 118	357852
	Manteno	<u>       IL                             </u>	60950-3725	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				230.00
	Name of Employer	Occupation	n	-	
	Provena Saint Joseph Hosp- ital		of Planning		
	Receipt For:		e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial) Mr. Paul Belcher			Date of Receipt	
<b>J</b> .	Mailing Address Rt. 15, Box 241			M M / D D	/ Y Y Y Y
	Tit. 13, Box 241			1 2 3 0	2005
	City	State	Zip Code	Transaction ID: 118	359145
	Tallahassee	FL	32311	Amount of Each Rec	eipt this Period
	FEC ID number of contributing	С			200.00
	federal political committee.				200.00
	Name of Employer	Occupation	n	$\dashv$	
	Florida Hospital Association	1	ice President		
	Receipt For:		e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify)		1000.00		
					575.00
S	UBTOTAL of Receipts This Page (optional)		······		373.00
T	OTAL This Period (last page this line number or	าly)			

21	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: F	AGE 96 / 182
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 1	lc
			Detailed Guillinary Fage	13 14 11	5   16   17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting	contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such	n committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)			5. (5. ).	
٩.	Mr. William A. Bell			Date of Receipt	
	Mailing Address 944 Gentian Court			12 30	2005
	City	State	Zip Code	Transaction ID: 11859	
	Tallahassee	FL	32312-1228	Amount of Each Receip	
			OLOTE TELO	Amount of Each receip	1 1 1
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Florida Hospital Associat-	Occupation			
	ion	General (			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	11	
	Other (specify) ▼	0 0		J	
2	Full Name (Last, First, Middle Initial) Ms. Martha DeCastro			Date of Receipt	
٠.	Mailing Address 1036 Alameda Drive			M M / D D /	YYYY
	Walling Address 1000 Alameda Dilve			1 2 3 0	2005
	City	State	Zip Code	Transaction ID: 11859	147
	Tallahassee	FL	32317-9577	Amount of Each Receip	
	FEC ID number of contributing				100.00
	federal political committee.	C			120.00
	Name of Employer	Occupation	2	_	
	Florida Hospital Associat-	VP, Nurs			
	ion Receipt For:		Year-to-Date <b>V</b>		
	Primary General	199.09		1	
	Other (specify) ▼	1	600.00		
				4	
`	Full Name (Last, First, Middle Initial)			Date of B	
J.	Mr. Ralph Glatfelter			Date of Receipt	
	Mailing Address 7285 Heartland Circle			12 30	2005
	City	State	Zip Code	Transaction ID: 11859	
	<u>Tallahassee</u>	FL	32312-7 <u>5</u> 01	Amount of Each Receip	
	FEC ID number of contributing				
	federal political committee.	C			240.00
	Name of Employer	Occupation	า	$\dashv$	
	Florida Hospital Associat-		ce President		
	Receipt For:		Year-to-Date ▼	-	
	Primary General	00 0		1	
	Other (specify) ▼		1200.00		
				<u> </u>	
S	UBTOTAL of Receipts This Page (optional)				560.00
	,			-	
T	OTAL This Period (last page this line number o	nly)			

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 97 / 182
	· ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u>Ş.</u>	NAME OF COMMITTEE (In Full)	Tarrio aria ade	are contains pointed committee to	construction from each committee.
$  \rangle$	American Hospital Association PAC			
	American Hospital Association I Ao			
_	Full Name (Last, First, Middle Initial)			
Α.	Ms. Karen Late, MHS			Date of Receipt
	Mailing Address 444 North Capitol Stree Suite 532	t, NW		12 30 2005
	City	State	Zip Code	Transaction ID: 11859150
	Washington	DC	20001-1512	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Florida Hospital Associat-	Occupation	า	_
	Florida Hospital Association	Director,	Federal Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1105 Carriage Road			M M / D D / Y Y Y Y
	011	0	7' 0 1	12 30 2005
	City	State	Zip Code	Transaction ID: 11859152
	Tallahassee	FL	32312-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion	President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	2000.00	
	care (eposing) \		0 0 0 0 0 0 0	,
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen			Date of Receipt
U.	Mailing Address 405 El Destinado Drive			Date of Receipt
				12 30 2005
	City	State	Zip Code	Transaction ID: 11859155
	Tallahassee	FL	32301-1522	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			250.00
	Name of Employer	Occupation		
	Florida Hospital Associat- ion		rategic Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	1000.00	
	☐ Other (specify) ▼			1
Г				
۹	UBTOTAL of Receipts This Page (optional)			800.00
$\vdash$	CET CTAL OF HOOGING THIS Fage (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 182
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, range	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kathryn A. Reep			Date of Receipt
	Mailing Address 19 W. New Hampshire			12 30 2005
	City	State	Zip Code	Transaction ID: 11859156
	Orlando	FL	32804-5911	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion - Orlando	Vice Pres	sident, Financial Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	1
В.	Full Name (Last, First, Middle Initial) Ms. Kim Streit			Date of Receipt
	Mailing Address 1317 Eastin Avenue			12 30 YYYYY 12 30 2005
	City	State	Zip Code	Transaction ID: 11859160
	Orlando	FL	32804-6309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Todoral political committee.			
	Name of Employer Florida Hospital Associat-	Occupation		
	ion - Orlando	· '	th Research & Information	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	500.00	]
	Other (specify)	0 0	000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kathleen M. Whyte			Date of Receipt
<b>U</b> .	Mailing Address 444 North Capitol St, NV	Λ/		M M / D D / Y Y Y Y
	Suite 532	V		12 30 2005
	City	State	Zip Code	Transaction ID: 11859161
	Washington	DC	20001-1512	Amount of Each Receipt this Period
	FEC ID number of contributing	С		240.00
	federal political committee.			
	Name of Employer Florida Hospital Association	Occupation Sr. Vice F	n President, Federal Advocacy	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	1200.00	
0	JBTOTAL of Receipts This Page (optional)			440.00
$\vdash$	ODITAL OF HOOGIPES THIS Lage (Optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 99 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)	. —
11	II EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any persor	for the purpose of solicit	ting contributions
Or		name and add	dress of any political committee to s	SOlicit Contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
17	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Philip K. Beauchamp			Date of Receipt	
	Mailing Address 1560 Gulf Blvd.			M M / D D	/ <b>Y Y Y Y</b>
				12 30	2005
	City	State	Zip Code	Transaction ID: 11	859329
	Clearwater	FL	33767-2900	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	2	-	
	Name of Employer Morton Plant Mease Health	President			
	Care Receipt For:		Year-to-Date ▼	-	
	Primary General	00 0			
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 7935 Preservation Road	d		1 2 3 0	2005
	City	State	Zip Code		
		FL	·	Transaction ID: 11	
	Tallahassee	FL	32312-6766	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	- Todoral political committee:				
	Name of Employer Tallahassee Memorial Heal-	Occupation			
	thCare	Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Mary F Bland			Date of Receipt	
	Mailing Address 1300 Miccosukee Road			M M / D D	
				12 30	2005
	City	State	Zip Code	Transaction ID: 11	
	Tallahassee	FL	32308-5093	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			125.00
	federal political committee.				
	Name of Employer	Occupation	1	1	
	Tallahassee Mémorial Heal- thCare	Chief Info	ormation Officer and Vice Pre	:	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		250.00		
_					
			500.00		
S	UBTOTAL of Receipts This Page (optional)		······		300.00
T	OTAL This Period (last page this line number of	nly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 100 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	II LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c   12 -
				13 14	15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of solici solicit contributions from	ting contributions such committee
<u>~</u>	NAME OF COMMITTEE (In Full)	Tiamo ano aoc	are contains position continues to		
$  \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Paul C. Bosland			Date of Receipt	
	Mailing Address 16 Sea Marsh Road			12 30	
	Cit.	01-1-	7:- 0 - 4 -		2005
	City Amelia laland	State FL	Zip Code	Transaction ID: 11	
	Amelia Island	FL	32034-5045	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	rederai politicai committee.				
	Name of Employer Baptist Medical Center	Occupation	1		
	·	Trustee			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	-			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 240 S. Hampton Club \	<i>N</i> ay		M M / D D	/ <b>Y Y Y Y</b>
				12 30	2005
	City	State	Zip Code	Transaction ID: 11	859337
	Saint Augustine	<u> </u>	32092-1028	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			125.00
	federal political committee.				120.00
	Name of Employer Baptist Health	Occupation	1	7	
	Baptist Health	Senior Vi	ce President		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Kenneth W. Bradley			Date of Receipt	
٠.	Mailing Address 1112 Chichester Street			M M / D D	/ Y Y Y Y
	THE Official Steel Street			12 30	2005
	City	State	Zip Code	Transaction ID: 11	859338
	Orlando	FL	32803-1010	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				125.00
	federal political committee.	C			125.00
	Name of Employer	Occupation	า	$\dashv$	
	Name of Employer Adventist Health System Sunbelt Health		ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify)		250.00		
_					
			275 00		
s	UBTOTAL of Receipts This Page (optional)		······		375.00
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N		PAGE 101 / 182
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only 11a 13	11b   14	11c
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpo solicit contribu	se of solicit tions from s	ing contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Ms. Sue G Brody			Date of F		
	Mailing Address 701 Sixth Street South			12	30	2005
	City	State	Zip Code		ion ID: 11	
	Saint Petersburg	FL	33701-4891	Amount	of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С				500.00
	Name of Employer Bayfront Medical Center	Occupation President	and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify) ▼	0 0	1000.00			
3.	Full Name (Last, First, Middle Initial) Mr. John R. Brownlow			Date of F	Receipt	
	Mailing Address 5608 Bear Lake Circle			M M M 1 2	/ D D D D D D D D D D D D D D D D D D D	2005
	City	State	Zip Code		ion ID: 11	
	Apopka	FL	32703-1916			ceipt this Period
	FEC ID number of contributing federal political committee.	C				125.00
	Name of Employer Florida Hospital	Occupation	ident and Chief Operating C			
	Receipt For:		Year-to-Date ▼	<u>''''</u>		
	Primary General	riggregate				
	Other (specify) ▼	0 0	250.00			
Э.	Full Name (Last, First, Middle Initial) Mr. James R. Chromik			Date of F	Receipt	
	Mailing Address 2260 NE 44th Street			12	30	2005
	City	State	Zip Code	Transact	ion ID: 11	859359
	<u>Lighthouse Point</u>	<u>FL</u>	33064-7340	Amount	of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С				125.00
	Name of Employer DeSoto Memorial Hospital	Occupation President	and CEO			
	Receipt For:		Year-to-Date ▼	1		
	Primary General		050.00			
	Other (specify)	0 0	250.00			
s	UBTOTAL of Receipts This Page (optional)					750.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 102 / 182
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Bill Ellis			Date of Receipt
	Mailing Address 6450 US Highway 1			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11859380
	Melbourne	FL	32955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		232.50
	Name of Employer First Health, Inc.	Occupation Vice Pres	n sident Government and Indus	
	Receipt For:		Year-to-Date ▼	<del>-</del>
	Primary General	00 0		1
	Other (specify) ▼	l	295.00	
				'
В.	Full Name (Last, First, Middle Initial) Ms. Dana Ferrell			Date of Receipt
	Mailing Address 807 Nira Street			12 30 2005
	City	State	Zip Code	Transaction ID: 11859384
	<u>Jacksonville</u>	FL		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nemours Children's Clinic	Occupation Director of	n of Government Relations	
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate	real to Bate V	
	Other (specify) ▼		1000.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Chris Finton, , M.D.			Date of Receipt
	Mailing Address 6450 US Highway 1			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11859385
	Melbourne	FL	32955	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		375.00
	Name of Employer First Health, Inc.	Occupation Senior Vi	n ce President Medical Staff S	e
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
_				
s	UBTOTAL of Receipts This Page (optional)			1107.50
$\vdash$	. 3 (17			

# SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 103 / 182		
		Use separate schedule(s)		(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12		
			Detailed Summary Fage	13   14	15   16   17		
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of solicitin	a contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	ch committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
_	·						
	Full Name (Last, First, Middle Initial)						
۹.	Mr. Robert C. Galloway			Date of Receipt			
	Mailing Address 2346 Brookside Way			12 30	2005		
	Oit.	C+-+-	7:- 0 - 4 -				
	City	State	Zip Code	Transaction ID: 118			
	Indialantic	<u>FL</u>	32903-3613	Amount of Each Rece	eipt this Period		
	FEC ID number of contributing	C			125.00		
	federal political committee.						
	Name of Employer Cape Canaveral Hospital/H-	Occupation	า	7			
	Cape Canaveral Hospital/H- ealth First	Chief Exe	ecutive Officer				
	Receipt For:		e Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		250.00				
				1			
	Full Name (Last, First, Middle Initial)						
3.	Mr. Lawrence F. Garrison			Date of Receipt			
	Mailing Address 6450 US Highway 1			M M / D D /	YYYYY		
	<u></u>			12 30	2005		
	City	State	Zip Code	Transaction ID: 118	59391		
	Rockledge	FL	32955-5747	Amount of Each Rece	eipt this Period		
	FEC ID number of contributing	С			500.00		
	federal political committee.	0					
	Name of Employer	Occupation	า	$\dashv$			
	Cape Canaveral Hospital/H- ealth First		e Vice President and COO				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼		1000.00				
				·			
	Full Name (Last, First, Middle Initial)						
Э.	Mr. Michael V Gentry			Date of Receipt			
	Mailing Address 875 Sterthaus Avenue			12 30	2005		
	Cit.	C+-+-	7:- 0 - 4 -				
	City Ormand Basah	State	Zip Code	Transaction ID: 118			
	Ormond Beach	<u>FL</u>	32174-5197	Amount of Each Rece	eipt this Period		
	FEC ID number of contributing	C			150.00		
	federal political committee.						
	Name of Employer Florida Hospital-Ormond	Occupation	า	7			
	Florida Hospital-Ormond Memorial	President	t				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		222.22	1			
	Other (specify)		300.00				
S	UBTOTAL of Receipts This Page (optional)				775.00		
			•	-	* * * * *		
T	OTAL This Period (last page this line number or	nly)	<b>)</b>				

City State Zip Code Transaction ID: 11859397  Amount of Each Receipt this Perior  FEC ID number of contributing federal political committee.  C C	mation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions momercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  E OF COMMITTEE (In Full) rican Hospital Association PAC ame (Last, First, Middle Initial) liliam A Gludice g Address 1300 Miccosukee Road  D number of contributing lipolitical committee.  C I Employer assee	` ,					
Ary information copied from such Reports and Statements may not be sold or used by any person for the purposes of soliciting contribution or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. William Address 1300 Miccosukee Road  City State Zip Code Tallahassee FL 3300 Miccosukee Road  City State Zip Code Tallahassee Memorial Heal-InCare Chief Financial Officer and Vice President Receipt For:    Primary General   Occupation   O	Detailed Summary Page    X   11a   11b   11c   12   13   14   15   16   18   18   18   18   18   18   18	MIZEN DECEIDIG					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Anterican Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. William Address 1300 Miccosukee Road  City State Zip Code Tallahassee FL 32308-5933  FEC ID number of contributing federal political committee.  Name of Employer Tallahassee Memorial HealthCare Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Mailing Address 1414 Kuhl Avenue  City State Zip Code Tallahassee Memorial HealthCare Primary General Other (specify) ▼  Mailing Address 1414 Kuhl Avenue  City State Zip Code Tallahassee Memorial HealthCare Primary General Other (specify) ▼  PEC ID number of contributing federal political committee.  City State Zip Code Tallahassee Memorial HealthCare President and Chief Executive Officer Receipt this Period Otanofo Regional HealthCare President and Chief Executive Officer Receipt Tormary General Other (specify) ▼  Coccupation President and Chief Executive Officer Receipt Firmary General Other (specify) ▼  City State Zip Code Tallahassee Tallahassee Memorial HealthCare President and Chief Executive Officer Receipt Formary General Other (specify) ▼  Coccupation President and Chief Executive Officer Receipt Tormary General Other (specify) ▼  City State Zip Code Tallahassee Memorial President Receipt this Period Chief (specify) ▼  Coccupation Vice President, Finance V  Name of Employer Accord Health Care Corporation Vice President, Finance V  Primary General Other (specify) ▼  Primary General Other Receipt this Period V  President Receipt Formary General Other Executive Officer Receipt Tormary General Other Receipt Tormary	mation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions intercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  © CF COMMITTEE (In Full) frican Hospital Association PAC  ame (Last, First, Middle Initial) illiam A Giudice g Address 1300 Miccosukee Road  D number of contributing upolitical committee.  C C Cocupation Chief Financial Officer and Vice Presi Primary General Other (specify) ▼  Aggregate Year-to-Date ▼ FL 32806-2093  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Aggregate Year-to-Date ▼ Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Double of	INIZED RECEIP 13					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. William A Giudice  Mailing Address 1300 Miccosukee Road  City  Tallahassee  FL  32308-5993  FEC ID number of contributing tederal political committee.  City  Orlando  Full Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Aggregate Year-to-Date  Full Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Aggregate Year-to-Date  FEC ID number of contributing tederal political committee.  City  Orlando  FEC ID number of contributing tederal political committee.  City  Orlando Regional Healthca-  re  Receipt For:  Primary  General  Other (specify) ▼  Coccupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Transaction ID: 11859420  Amount of Each Receipt this Perioc  For Primary  General  Other (specify) ▼  Cocupation  Other (specify) ▼  Date of Receipt  Transaction ID: 11859420  Amount of Each Receipt this Perioc  For Primary  General  Other (specify) ▼  Cocupation  Other (specify) ▼  Cocupation  Other (specify) ▼  Cocupation  Other (specify) ▼  Cocupation  Other (specify) ▼  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc	Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859397  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt this Period  Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 11859411  Date of Rece						
NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. William A Gludice  Mailing Address 1300 Miccosukee Road  City  Tallahassee  FL  32308-5093  FEG ID number of contributing federal political committee.  Name of Employer Tallahasses Memorial Healthase Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Mailing Address 1414 Kuhl Avenue  City  Orlando  FEG ID number of contributing federal political committee.  City  Orlando  FEG ID number of contributing federal political committee.  City  Orlando  FEG ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthca- Fed ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthca- President and Chief Executive Officer Receipt For: Primary  General  Other (specify) ▼  Date of Receipt  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Transaction ID: 11859411  Amount of Each Receipt this Perioc  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Aggregate Year-to-Date ▼  Transaction ID: 11859420  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  President and Chief Executive Officer  Receipt To:  Aggregate Year-to-Date ▼  Amount of Each Receipt this Perioc  Transaction ID: 11859420  Amount of Each Receipt this Perioc  President and Chief Executive Transaction ID: 11859420  Amount of Each Receipt this Perioc  President and Chief Executive Transaction ID: 11859420  Amount of Each Receipt this Perioc  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Amount of Each Receipt this Perioc  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Amount of Each Receipt this Perioc  President and Chief Executive Officer  Aggregate Year-to-Date ▼  Amount of Each Receipt this Perioc	To F COMMITTEE (In Full) rican Hospital Association PAC  ame (Last, First, Middle Initial) filliam A Giudice g Address 1300 Miccosukee Road  State Zip Code FL 32308-5093  D number of contributing Il political committee.  C C Cocupation Chief Financial Officer and Vice Presi B C C C C C C C C C C C C C C C C C C C	information copied from such Reports and Sor commercial purposes, other than using the					
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. William A Gludice  Mailing Address 1300 Miccosukee Road  City  Tallahassee  FL. 32308-5093  FEC ID number of contributing federal political committee.  Name of Employer  Tallahassee Memorial Heal-  ### ### ### ### ### ### ### ### ### #	ame (Last, First, Middle Initial)    Illiam A Giudice   g Address   1300 Miccosukee Road						
Full Name (Last, First, Middle Initial)  A. Mr. William A Gludice  Mailing Address 1300 Miccosukee Road  City State Zip Code Tallahassee FL 32308-5933  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼ Primary General  City State Zip Code Transaction ID: 11859397  Amount of Each Receipt This Period  Chief Financial Officer and Vice Presi Primary General  City State Zip Code Transaction ID: 11859411  Amount of Each Receipt This Period  The Cocupation Chief Financial Officer and Vice Presi Primary General  City State Zip Code Transaction ID: 11859411  Amount of Each Receipt This Period  The Cocupation State Tip Code Transaction ID: 11859411  Amount of Each Receipt This Period  The Cocupation President and Chief Executive Officer and Chief Executive Officer Aggregate Year-to-Date ▼  Primary General  City State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼  The Cocupation President and Chief Executive Officer Aggregate Year-to-Date ▼  The Cocupation President Pr	ame (Last, First, Middle Initial)    Marcosukee Road	• • •					
A. M. William A Gliudice  Mailing Address 1300 Miccosukee Road  City State Zip Code Tallahassee FL 32308-5933  FEC ID number of contributing federal political committee.  Name of Employer Accord Health Care Corporation  City State Zip Code Transaction ID: 11859420  Transaction	Date of Receipt    State   Zip Code	anchean Hospital Association 1 Ac					
Mailing Address   1300 Miccosukee Road	State Zip Code FL 32308-5093  D number of contributing I political committee.  of Employer assee Memorial Heal- 9	Full Name (Last, First, Middle Initial)					
City State Zip Code Tallahassee FL 32308-5093    Amount of Each Receipt this Perior FEC ID number of contributing federal political committee.   C	State Zip Code FL 32308-5093  D number of contributing pl political committee.  C C Cocupation Chief Financial Officer and Vice Presi Both For: Primary General Other (specify) ▼ State Zip Code FL 32806-2093  Date of Receipt  g Address 1414 Kuhl Avenue  State Zip Code FL 32806-2093  Date of Receipt  g Address 1414 Kuhl Avenue  C C Cocupation Chief Financial Officer and Vice Presi Both For: Primary General Other (specify) ▼ State Zip Code FL 32806-2093  D number of contributing pl political committee.  Of Employer do Regional Healthca- President and Chief Executive Officer D for: Primary General Other (specify) ▼ Soo.00  D number of contributing pl political committee.  Of Employer do Regional Healthca- President and Chief Executive Officer D for: Primary General Other (specify) ▼ Soo.00  D ame (Last, First, Middle Initial) Date of Receipt  g Address 405 Buttonwood Lane  D ate of Receipt  Soo.00						
Transaction ID: 11859397 Tallahassee FEC ID number of contributing federal political committee.    Name of Employer Tallahassee Memorial HealthCare Receipt For:   Primary General Office   Grand Office	State Zip Code FL 32308-5093  Amount of Each Receipt this Period  D number of contributing it political committee.  Of Employer assee Memorial Heal- E	Mailing Address 1300 Miccosukee Roa					
Tallahassee FL 32308-5093 FEC ID number of contributing federal political committee.  Name of Employer Tallahassee Memorial HealthCare Receipt For:  Primary General Other (specify) ▼  Name of Employer Other (specify) ▼  Pull Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Mailing Address 1414 Kuhl Avenue  City State Zip Code Transaction ID: 11859411  Amount of Each Receipt this Period Transaction ID: 11859411  Amount of Each Receipt this Period Transaction ID: 11859411  Amount of Each Receipt this Period Transaction ID: 11859411  Amount of Each Receipt this Period Transaction ID: 11859411  Amount of Each Receipt this Period Transaction ID: 11859410  C. Mr. Thomas P. Inzina Mailing Address 405 Buttonwood Lane  City State Zip Code Primary General Other (specify) ▼  Date of Receipt  Transaction ID: 11859410  Transaction ID: 11859420  Amount of Each Receipt this Period Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt this Period Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt this Period Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt This Period Transaction ID: 11859420  Transac	Amount of Each Receipt this Period  D number of contributing   C   250.00  Of Employer assee Memorial Heal-   250.00  To their Financial Officer and Vice Presipate						
FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Mr. John Hillenmeyer  Mailing Address 1414 Kuhl Avenue  City State Zip Code  Orlando FL 32806-2093  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  City State Zip Code  President and Chief Executive Officer Receipt Transaction ID: 11859411  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  President and Chief Executive Officer Receipt For:  Primary General Other (specify) ▼  City State Zip Code  President and Chief Executive Officer Receipt For:  Primary General Other (specify) ▼  Date of Receipt Transaction ID: 11859410  Date of Receipt Transaction ID: 11859410  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Accord Health Care Corporation  Name of Employer Accord Health Care Corporation  Vice President, Finance  Receipt For:  Primary General Occupation  Vice President, Finance  Aggregate Year-to-Date ▼  Primary General Occupation  Vice President, Finance  Aggregate Year-to-Date ▼	D number of contributing all political committee.  of Employer assee Memorial Heal- apt For: Primary General Other (specify) ▼  State Zip Code FL 32806-2093  D number of contributing all political committee.  of Employer assee Memorial Heal- apt For: Primary General Other (specify) ▼  State Zip Code FL 32806-2093  D number of contributing all political committee.  of Employer do Regional Healthca- President and Chief Executive Officer Primary General Other (specify) ▼  Docupation President and Chief Executive Officer Aggregate Year-to-Date ▼  Date of Receipt Transaction ID: 11859411  Amount of Each Receipt this Period Sould President and Chief Executive Officer Primary General Other (specify) ▼  Date of Receipt Transaction ID: 11859411  Description ID: 11859411						
Name of Employer   Tallahasses Memorial Heal-thCare   Receipt For:   Primary   General   Other (specify) ▼	of Employer classee Memorial Heal- pot For: Primary General Other (specify) ▼						
Tallahassee Memorial Heal-thCare Receipt For:	Chief Financial Officer and Vice Presign of For: Primary General Other (specify) ▼    State   Zip Code   Transaction ID: 11859411						
Receipt For:	of For: Primary	Tallahassee Mémorial Heal-					
Primary	Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Description of Employer do Regional Healthca- Description of Employer do Receipt of Executive Officer  Aggregate Year-to-Date ▼  Date of Receipt						
B. Full Name (Last, First, Middle Initial) B. Mr. John Hillenmeyer Mailing Address 1414 Kuhl Avenue  City State Zip Code FL 32806-2093  FEC ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthca-  g. Primary General Other (specify) ▼  City State Zip Code FL 32806-2093  Amount of Each Receipt this Period  President and Chief Executive Officer  Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Amount of Each Receipt  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt  Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Transaction ID: 11859420  Date of Receipt  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Transaction ID: 1185	ame (Last, First, Middle Initial) hn Hillenmeyer g Address 1414 Kuhl Avenue  State Zip Code FL 32806-2093  D number of contributing all political committee.  C Scupation President and Chief Executive Officer Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  500.00  D number of contributing all political committee.  C Scupation President and Chief Executive Officer Primary General Other (specify) ▼  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  D and N M M M M M M M M M M M M M M M M M M						
B. Mr. John Hillenmeyer  Mailling Address 1414 Kuhl Avenue  City  State Zip Code FL 32806-2093  FEC ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthcare Receipt For: Primary General  City  State Zip Code FL 32806-2093  Cocupation President and Chief Executive Officer Receipt For: Primary General  City State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Toucher (specify) ▼  Date of Receipt  Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 125.	Date of Receipt    M M   12   30   2005	Other (specify) ▼					
B. Mr. John Hillenmeyer  Mailling Address 1414 Kuhl Avenue  City  State Zip Code FL 32806-2093  FEC ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthcare Receipt For: Primary General  City  State Zip Code FL 32806-2093  Cocupation President and Chief Executive Officer Receipt For: Primary General  City State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Transaction ID: 11859411  Amount of Each Receipt this Period  Toucher (specify) ▼  Date of Receipt  Transaction ID: 11859420  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 125.	Date of Receipt    M M   12   30   2005						
City State Zip Code Orlando FL 32806-2093  Name of Employer Orlando Regional Healthca- Tell Name (Last, First, Middle Initial)  C. Mr. Thomas P. Inzina  Mailing Address 405 Buttonwood Lane  City State Zip Code FL 33770-4060  FEC ID number of contributing federal political committee.  12 30 200  Transaction ID: 11859411  Amount of Each Receipt this Period  500.  Date of Receipt  1000.00  Date of Receipt  Transaction ID: 11859420  Date of Receipt  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420  Amount of Each Receipt this Period  Transaction ID: 11859420	State Zip Code  Indo Indo Indo Indo Indo Indo Indo Ind						
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Orlando FL 32806-2093  Amount of Each Receipt this Period FEC ID number of contributing federal political committee.  Name of Employer Orlando Regional Healthcare Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. Thomas P. Inzina  Mailing Address 405 Buttonwood Lane  City State Zip Code FL 33770-4060  FEC ID number of contributing federal political committee.  Name of Employer Accord Health Care Corporation Receipt For: Primary General  Occupation  Occupation Vice President, Finance Aggregate Year-to-Date ▼  Amount of Each Receipt this Period Transaction ID: 11859420  Amount of Each Receipt this Period Transaction ID: 125.	D number of contributing all political committee.  C  Occupation President and Chief Executive Officer Primary General Other (specify) ▼  Amount of Each Receipt this Period  500.00  Amount of Each Receipt this Period  500.00  Doccupation President and Chief Executive Officer Aggregate Year-to-Date ▼  1000.00  Date of Receipt  Date of Receipt  12 3 3 0 7 2 2 0 0 5	 Dity					
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Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. Thomas P. Inzina  Mailing Address 405 Buttonwood Lane  City State Zip Code Largo FL 33770-4060  FEC ID number of contributing federal political committee.  Name of Employer Accord Health Care Corporation Receipt For:  Primary General  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 11859420  Amount of Each Receipt this Period  Vice President, Finance  Aggregate Year-to-Date ▼  Primary General	Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00  ame (Last, First, Middle Initial) tomas P. Inzina g Address 405 Buttonwood Lane  Date of Receipt  12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
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Federal political committee.  Name of Employer Accord Health Care Corporation Receipt For:  Primary General  Occupation Vice President, Finance Aggregate Year-to-Date ▼	D FL 33770-4060 Amount of Each Receipt this Period	_argo					
Name of Employer Accord Health Care Corporation Receipt For:  Primary  Occupation Vice President, Finance  Aggregate Year-to-Date ▼							
ation   Vice President, Finance   Receipt For:   Aggregate Year-to-Date ▼   Primary   General   250,00	I political committee.	ederal political committee.					
ation   Vice President, Finance   Receipt For:   Aggregate Year-to-Date ▼   Primary   General   250,00	of Employer Occupation	Name of Employer					
Receipt For:  Primary  Aggregate Year-to-Date ▼  250.00	d Health Care Corpor- Vice President, Finance						
250.00	ot For: Aggregate Year-to-Date ▼						
	250.00						
Utner (specify) ▼	Other (specify)	Other (specify)					
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9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 105 / 182
•		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard M Irwin, , Jr.			Date of Receipt
	Mailing Address 10000 West Colonial Di	rive		12 30 7 2005
	City	State	Zip Code	Transaction ID: 11859421
	Ocoee	FL	34761-3499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Health Central		t and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Donald L Jernigan, , Ph.D.			Date of Receipt
	Mailing Address 601 East Rollins Street			12 30 2005
	City	State	Zip Code	Transaction ID: 11859428
	Orlando	FL	32803-1489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Joel D. Johnson			Date of Receipt
	Mailing Address 1621 Timber Hills Drive			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11859430
	Deland	FL	32724-7978	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Adventist Health System Sunbelt Health		t & Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Fo	rm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 106 / 182				
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one)    X   11a				
Any information copied from such R or for commercial purposes, other the	eports and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Ful American Hospital Associate	)						
Full Name (Last, First, Middle Ini Mr. Steven M Johnson Mailing Address P O Box 59	· 		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Panama City	State FL	Zip Code 32402-2515	Transaction ID: 11859433  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00				
Name of Employer Bay Medical Center		t and Chief Executive Officer					
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Ini			Date of Receipt				
Mailing Address 550 Hidden			12 30 2005				
City	State FL	Zip Code	Transaction ID: 11859439				
Merritt Island  FEC ID number of contributing federal political committee.	C	32952-5201	Amount of Each Receipt this Period  125.00				
Name of Employer Cape Coral Hospital	Occupation Presiden						
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Ini	tial)		Date of Receipt				
Mailing Address 403 Red Ce	der Ct.		1 2 3 0 2 0 0 5				
City	State	Zip Code	Transaction ID: 11859440				
Saint Petersburg	FL	33703-6200	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer St. Anthony's Hospital	Occupation Presiden						
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this	line number only)						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10//182
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial)  1. Dr. Richard MacArthur, M.D.			Date of Receipt
Mailing Address 1122 Carriage Road			12 30 7 2005
City	State	Zip Code	Transaction ID: 11859452
Tallahassee	FL	32312-2502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Tallahassee Memorial Heal-	Occupation		1
thCare		ce President and Chief Medi	ca 
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Mr. Isaac Mallah			Date of Receipt
Mailing Address 4814 Cheval Boulevard			12 30 2005
City	State	Zip Code	Transaction ID: 11859455
<u>Lutz</u>	FL	33558-5337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer St. Joseph's Hospital	Occupation President	n t and Chief Executive Officer	
Receipt For:		Year-to-Date ▼	
Primary General		300.00	
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)  5. Ms. Dorothy J Mancini, , R.N.			Date of Receipt
Mailing Address 2700 NE 23rd Street			M M / D D / Y Y Y Y
City	State	Zip Code	12 30 2005
Pompano Beach	FL	33062-1120	Transaction ID: 11859457  Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		125.00
Name of Employer Imperial Point Medical Ce-	Occupation		7
nter Receipt For:		ecutive Officer • Year-to-Date ▼	_
Primary General	Aggregate		
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)		······	400.00
TOTAL This Period (last page this line number on	alv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 182 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
$\frac{}{}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen Mason  Mailing Address 3909 Snapper Pointe Dr  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer N.W. Fla. Comm. Hospital	State FL C Occupation President		Date of Receipt  1 2 3 0 2 0 0 5  Transaction ID: 11859458  Amount of Each Receipt this Period  250.00
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Marjory May  Mailing Address 1986 Stevenson Road  City  North Fort Myers  FEC ID number of contributing federal political committee.  Name of Employer Lee Memorial Health System	State FL C	Zip Code 33917-3237	Date of Receipt    M M
	Receipt For: Primary General Other (specify)		/ice President • Year-to-Date ▼  300.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. John McLendon Mailing Address 701 Sixth Street South  City Saint Petersburg  FEC ID number of contributing federal political committee.  Name of Employer Bayfront Medical Center	State FL C		Date of Receipt    M M M
	Receipt For:  Primary General  Other (specify) ▼		ormation Officer  Year-to-Date ▼  250.00	
S	UBTOTAL of Receipts This Page (optional)		······	525.00
Т	OTAL This Period (last page this line number or	nly)	<b>)</b>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 182 (check only one)    X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael D. Means Mailing Address 6450 US Highway 1  City Rockledge FEC ID number of contributing federal political committee.  Name of Employer Health First/Cape Canaveral Hospital Receipt For: Primary General	State FL C Occupation Presiden Aggregate		Date of Receipt    M
	Other (specify) ▼		345.00	
3.	Full Name (Last, First, Middle Initial) Mr. George Mikitarian, , Jr.  Mailing Address 951 North Washington A  City  Titusville  FEC ID number of contributing	Avenue State FL	Zip Code 32796-2194	Date of Receipt    M M
	Name of Employer Parrish Medical Center  Receipt For: Primary General Other (specify)	Occupation Chief Exe	n ecutive Officer e Year-to-Date ▼	
<b>-</b> .	Full Name (Last, First, Middle Initial) Mr. Tom Mills  Mailing Address 290 Pompano Drive  City Melbourne  FEC ID number of contributing federal political committee.  Name of Employer Cape Canaveral Hospital/Health First  Receipt For: Primary General Other (specify)		Zip Code 32951-2924  n sident Facilities e Year-to-Date ▼ 250.00	Date of Receipt  M M M / 30 / 2005  Transaction ID: 11859475  Amount of Each Receipt this Period  125.00
s	UBTOTAL of Receipts This Page (optional)			422.50
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 110 / 182
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. James R Nathan			Date of Receipt
	Mailing Address P O Box 2218			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11859480
	Fort Myers	FL	33902-2218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lee Memorial Health System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Verbelee Nielson-Swanson			Date of Receipt
	Mailing Address 428 Spring Valley Lane			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11859484
	Altamonte Springs	FL	32714-5828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Florida Hospital	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. G. Mark O'Bryant			Date of Receipt
	Mailing Address 9616 Deer Valley Drive			12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11859486
	Tallahassee	FL	32312-4245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tallahassee Memorial Heal- thCare	Occupation Senior Vi	n ice President & COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			875.00

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 111 / 182
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Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Phelan			Date of Receipt
	Mailing Address 2970 St. Johns Avenue #5D			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11859494
	<u>Jacksonville</u>	FL	32205-8729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		187.50
	Name of Employer St. Vincent's Medical Cen- ter	Occupation Director,	n Community Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	]
	Other (specify)		1 1 1 1 1 1 1 1	J.
— В.	Full Name (Last, First, Middle Initial) Ms. Diane S. Raines			Date of Receipt
	Mailing Address 4090 San Jose Bouleva	ırd		M M / D D / Y Y Y Y
		12 30 2005		
	City	State	Zip Code	Transaction ID: 11859497
	<u>Jacksonville</u>	<u> </u>	32207-6063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Baptist Health	Occupation	n	7
	вария неали	Senior Vi	ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		325.00	]
_	Full Name (Last, First, Middle Initial) Mr. Roger Ray			Date of Receipt
٥.	Mailing Address 75 Turtle Creek Circle			M M / D D / Y Y Y Y
	70 Turtic Greek Girdic			12 30 2005
	City	State	Zip Code	Transaction ID: 11859499
	Oldsmar	FL	34677-1913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer BayCare Health System	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	230.00	
				512.50
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	312.50
1				

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Han approved to the LLCC	FOR LINE NUMBER: PAGE 112 / 182
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. C. B. Rebsamen, MD			Date of Receipt
	Mailing Address 18201 Chesapeake Ct.			12 30 2005
	City	State	Zip Code	Transaction ID: 11859500
	Fort Myers	<u>FL</u>	33908-4676	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Lee Memorial Health System	Occupation Chief Me	n dical Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify)	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Richard K. Reiner			Date of Receipt
	Mailing Address 1816 Lost Pine Lane			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11859502
	Apopka	FL	32712-3957	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Florida Hospital	Occupation		
			e Vice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
— ک.	Full Name (Last, First, Middle Initial) Mr. Thomas M Rozek			Date of Receipt
	Mailing Address 3100 SW 62nd Avenue			12 30 YYYYY 12 30 2005
	City	State	Zip Code	Transaction ID: 11859510
	Miami	FL	33155-3009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Miami Children's Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last page this line number or	alv)		
	OIAL THIS I CHOO (IASE PAYE THIS IIIIC HUITIDEL OF	"y)	·······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 113 / 182
	ITEMIZED RECEIPTS		or each category of the	(check only one)	7 D
• •			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
Δr	ny information copied from such Reports and Sta	atements may	not he sold or used by any nerso		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
$\angle$				_	
Α.	Full Name (Last, First, Middle Initial) Mr. Slimen Saliba			Date of Receipt	
۸.	Mailing Address 927 Laurel Leaf Court			M M / D D	/ Y Y Y Y Y
	327 Laurer Lear Gourt			12 30	
	City	State	Zip Code	Transaction ID: 1	1859513
	Apopka	FL	32712-2908	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer FL Hospital College of He-	Occupation	n	7	
	alth Sciences	Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Curior (Speedify)	0 0	0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
В.	·			Date of Receipt	
	Mailing Address 6830 Pine Street			12 30	
	City	State	Zip Code	Transaction ID: 1	
	Milton	FL	32570-6793	Amount of Each Re	
	FEC ID number of contributing			7	· · · · · ·
	federal political committee.	C			125.00
	Name of Employer	Occupation	<u> </u>		
	Name of Employer Sacred Heart Hospital of		sident of Regional Services		
	Pensacola Receipt For:		e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
_					
C.	Full Name (Last, First, Middle Initial) Mr. Joseph F. Scott			Date of Receipt	
	Mailing Address 333 Sunset Drive			M M / D D	
	Apt. 206			12 30	
	City	State	Zip Code	Transaction ID: 1	
	Coral Springs	<u>FL</u>	33065-3220	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer North Broward Hospital Di-	Occupation			
strict			P, Network Operations	_	
Receipt For: Aggregat Primary General			e Year-to-Date ▼		
Other (specify)			250.00		
			0 0 0 0 0 0 0	1	
					500.00
s	UBTOTAL of Receipts This Page (optional)		500.00		
T	OTAL This Period (last page this line number o	nly)	<b>)</b>		

# SCHEDULE A (FEC Form 3X)

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 114 / 182
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Jerry Senne			Date of Receipt	
٦.	Mailing Address 233 Salvador Square			M M / D D	/ Y Y Y Y
	Z33 Salvadol Squale			12 30	2005
	City	State	Zip Code	Transaction ID: 11	859520
	Winter Park	FL	32789-5618	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Health First, Incorporated	Occupation			
	·	1	ce President		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0	1	
3.	Full Name (Last, First, Middle Initial) Mr. Terry Shaw			Date of Receipt	
	Mailing Address 111 North Orlando Aven	iue		M M / D D	/ Y " Y " Y " Y
	-			12 30	2005
	City	State	Zip Code	Transaction ID: 11	
	Fort Worth	<u>FL</u>	32789-3675	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Adventist Health System	Occupation	า		
	Sunbelt Health		ancial Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	11	
	Other (specify)	0 0			
). ).	Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield			Date of Receipt	
	Mailing Address 4691 Bohemia Place			M M / D D	/ Y Y Y Y
				12 30	2005
	City	State	Zip Code	Transaction ID: 11	859535
	Pensacola	FL	32504-8523	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer	Occupation	1	┥	
	Baptist Health Care Corpo- ration	President	t		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify)		1000.00		
					875.00
S	UBTOTAL of Receipts This Page (optional)		······	-	373.00
Т	OTAL This Period (last page this line number or	าly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 115 / 182
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Ms. Debora Thomas  Mailing Address 4112 Piute Lane			Date of Receipt  1 2
City Ormond Beach	State FL	Zip Code 32174-9332	Transaction ID: 11859540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02117 300Z	125.00
Name of Employer Florida Hospital-Ormond  Memorial  Receipt For:  Primary General  Other (specify) ▼		n nancial Officer e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr. Robert Thornton  Mailing Address 18931 Chaville Road	<u>'</u>		Date of Receipt
City	State	Zip Code	1 2 3 0 2 0 0 5 Transaction ID: 11859542
Lutz	FL	33558-2871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Bayfront Medical Center	Occupation Vice Pres	n sident of Finance	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)	1		Date of Receipt
Mr. Terry R. Upton  Mailing Address 2315 S.E. 14th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 11859549
Ocala  FEC ID number of contributing federal political committee.	C	34471-2644	Amount of Each Receipt this Period  125.00
Name of Employer Villages Regional Hospita- I, The Receipt For:  Primary General Other (specify) ▼		n t and Chief Executive Officer e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		·····	375.00
TOTAL This Period (last page this line numbe	r only)	<b>→</b>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 116 / 182
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John F Wilbanks			Date of Receipt
	Mailing Address 800 Prudential Drive			12 30 2005
	City	State	Zip Code	Transaction ID: 11859554
	<u>Jacksonville</u>	FL	32207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Baptist Health	Occupation Chief Op	n erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David A Schertz			Date of Receipt
	Mailing Address 5666 East State Street			12 28 2005
	City	City State Zip Code		
	Rockford	IL	61108-2472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OSF Saint Anthony Medical	Occupation Administ		
	Center Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , CHE			Date of Receipt
	Mailing Address 530 Park Avenue East			12 28 2005
	City	State	Zip Code	Transaction ID: 11860584
	Princeton	IL	61356-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Perry Memorial Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
s	UBTOTAL of Receipts This Page (optional)			875.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 182			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17			
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Tim Zoph			Date of Receipt			
	Mailing Address 251 East Huron Street			12 28 7 2005			
	City	State	Zip Code	Transaction ID: 11860587			
	Chicago	<u>IL</u>	60611-2908	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer Northwestern Memorial Hos- pital	Occupation Vice Pres	n sident Information Services				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify) ▼		230.00				
3.	Full Name (Last, First, Middle Initial)  Ms. Terri L. Allen			Date of Receipt			
	Mailing Address 1151 East Warrenville Road			12 28 7 2005			
	City	State	Zip Code	Transaction ID: 11860589			
	Naperville	IL	60563-9339	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		224.00			
	Name of Employer Illinois Hospital Associa-	Occupation	n Manager				
	tion Receipt For:		e Year-to-Date <b>V</b>				
	Primary General	riggrogate		1			
	Other (specify) ▼		336.00				
<del>.</del>	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt			
	Mailing Address 1151 E. Warrenville Roa	ad		12 28 2005			
	City	State	Zip Code	Transaction ID: 11860592			
	Naperville	IL	60563-9339	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		458.37			
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres					
	tion Receipt For:		e Year-to-Date ▼	+			
	Primary General	1 99 19 11		1			
	Other (specify) ▼	0 0	750.06				
s	SUBTOTAL of Receipts This Page (optional)						
_	OTAL This David difference that the control of	-l. )					
- 11	OTAL This Period (last page this line number or	шу)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 182 (check only one)  X 11a 11b 11c 12	
An	y information copied from such Reports and Sta	tements may	not be sold or used by any person	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt	
	Mailing Address 740 North Hayes		7.0.1	12 28 2005	
	City Oak Park	State II	Zip Code	Transaction ID: 11860598	
	FEC ID number of contributing federal political committee.	C	60302-1706	Amount of Each Receipt this Period  708.37	
	Name of Employer Illinois Hospital Associa- tion		General Counsel		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.06		
3.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt	
	Mailing Address 1151 East Warrenville F				
	City	State	Zip Code	Transaction ID: 11860599	
	Naperville	IL	60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		687.50	
	Name of Employer Illinois Hospital Associa- tion	Occupation Director of	n of Development		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		1125.00		
<del></del>	Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd.			12 28 2005	
	City	State	Zip Code	Transaction ID: 11860600	
	Naperville	IL	60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		229.24	
	Name of Employer Illinois Hospital Associa- tion	Occupation Administr			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.12		
S	UBTOTAL of Receipts This Page (optional)			1625.11	
T	OTAL This Period (last page this line number or	nly)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 182 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
$\frac{\Box}{}$	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	ame and add	iress or any political committee to	Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung  Mailing Address 1013 59th Street  City Lisle  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary General Other (specify)		Zip Code 60532-3122 Government Relations 2 Year-to-Date ▼	Date of Receipt  M M M / 28 / 2005  Transaction ID: 11860601  Amount of Each Receipt this Period  229.24
3.	Full Name (Last, First, Middle Initial) Mr. Brian Foster  Mailing Address 1151 E. Warrenville Rd. PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)	State IL C Occupation Vice Pres		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial)  Ms. Tamara Lynn Gamrat  Mailing Address 1911 Hamilton Street  City  Murphysboro  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Memorial Hospital  Receipt For:  Primary General  Other (specify)	State IL C Occupation Administr Aggregate		Date of Receipt  M M M / 28 / 2005  Transaction ID: 11860603  Amount of Each Receipt this Period  171.93
S	JBTOTAL of Receipts This Page (optional)		<b>)</b>	859.54
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 120 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Sta	atements may	not he sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd PO Box 3015			12 28 2005
	City	State	Zip Code	Transaction ID: 11860606
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		458.37
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant	n : Vice President	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.06	7
	Other (specify)	0 0	730.00	
В.	Full Name (Last, First, Middle Initial) Mr. Richard A. Hamilton			Date of Receipt
ъ.	Mailing Address 1151 E. Warrenville Rd			M M / D D / Y Y Y Y
	THE THE THE THE THE THE THE THE THE	•		12 28 2005
	City	State	Zip Code	Transaction ID: 11860608
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		437.50
	Name of Employer Illinois Hospital Associa-	Occupation	1	
	tion		ce President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		875.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Teresa Hursey			Date of Receipt
•	Mailing Address 1151 East Warrenville F	Road		M M / D D / Y Y Y Y
				12 28 2005
	City	State	Zip Code	Transaction ID: 11860611
	Naperville	<u> </u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres	n sident, Finance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	7
_	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			1195.87
			<u> </u>	
T	OTAL This Period (last page this line number o	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 121 / 182
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	arie ariu auc	iress or any political committee to	Solicit Contributions from Such Committee.
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman			Date of Receipt
	Mailing Address 1151 E. Warranville Rd.			12 28 2005
	City	State	Zip Code	Transaction ID: 11860613
	Naperville 550 lB control of the con	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		231.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Assistant	n Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		378.00	
3.	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis			Date of Receipt
	Mailing Address 1151 East Warrenville R	oad		1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11860618
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		229.24
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion Receipt For:		Government Relations  Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	375.12	
).	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges			Date of Receipt
	Mailing Address 1151 E. Warrenville Roa PO Box 3015	d		12 28 2005
	City	State	Zip Code	Transaction ID: 11860621
	Naperville	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		687.50
	Name of Employer Illinois Hospital Associa-	Occupation		
	tion Receipt For:	Vice Pres	Year-to-Date ▼	$\dashv$
	Primary General	1 99 19 11		1
	Other (specify) ▼	0 0	1125.00	
SI	JBTOTAL of Receipts This Page (optional)			1147.74
т	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 122 / 182 (check only one)
	LIMIZED RECEIF 13		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
An or	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
۹.	Mr. Howard A. Peters, III			Date of Receipt
	Mailing Address 4109 Southwoods Road			12 28 2005
	City	State	Zip Code	Transaction ID: 11860624
	Springfield	IL	62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		687.50
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1125.00	
3.	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt
	Mailing Address 1141 East Warrenville R	12 28 2005		
	City	State	Zip Code	Transaction ID: 11860626
	Naperville	IL	60563-1493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Illinois Hospital Associa-	Occupation Vice Pres		
	tion Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		1050.00	
	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			12 28 2005
	City	State	Zip Code	Transaction ID: 11860652
	Wheaton	IL	60187-3777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		687.50
	Name of Employer Illinois Hospital Associa- tion	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1125.00	
sı	JBTOTAL of Receipts This Page (optional)			2125.00
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		123 / 182
ITEMIZED RECEIPTS		or each category of the	(check only one)	
TI LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c	12
A . (			13 14 15	16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contr solicit contributions from such com	ibutions imittee.
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
American Hospital Association PAC				
/ American ricopital ricocolation rico				
Full Name (Last, First, Middle Initial)				
A. Mr. Deryl L Jones			Date of Receipt	
Mailing Address 17601 NE Stoney Mea	adows Drive			2005
City	State	Zip Code	Transaction ID: 11864392	
Vancouver	WA	98682-5617	Amount of Each Receipt this	
		30002 3017	Amount of Lacif Receipt this	
FEC ID number of contributing federal political committee.	C			250.00
<u> </u>			_	
Name of Employer Adventist Medical Center	Occupation			
		t and Chief Executive Officer	_	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)		250.00		
Carol (openily) 🔻		0 0 0 0 0 0 0		
Full Name (Last, First, Middle Initial)	1			
B. Mr. Mel Pyne			Date of Receipt	
Mailing Address 3015 Summit Sky Blv	d.		M M / D D / Y	YYY
				2005
City	State	Zip Code	Transaction ID: 11864393	
Eugene	OR	97405-6253	Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	C			250.00
rederal political committee.				
Name of Employer PeaceHealth	Occupation	n	7	
reacenealti	CEO			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		250.00		
Other (specify)	0 0			
Full Name (Last, First, Middle Initial)	1			
C. Mr. Peter F Rapp			Date of Receipt	
Mailing Address 3181 SW Sam Jackson	n Park Road	1		YYY
				2005
City	State	Zip Code	Transaction ID: 11864394	
Portland	OR	97201-3098	Amount of Each Receipt this	Period
FEC ID number of contributing	С			250.00
federal political committee.				
Name of Employer	Occupation	n	7	
OHSU Hospitaľ	Vice Pres	sident and Executive Director	·	
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		250.00		
Other (specify) ▼	0 0	200.00		
	1			
SUBTOTAL of Receipts This Page (optional) .				750.00
SODI OTAL OF NECERPLS THIS Page (optional).		······		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 124 / 182
		or each category of the		(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page		X   11a     11b     11c     12
			Botanoa Gammary Fago	13 14 15 16 17
An	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$  \rangle$	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Wendell Hesseltine			Date of Receipt
	Mailing Address 1000 Third Street			12 30 2005
	City	State	Zip Code	Transaction ID: 11864396
	Tillamook	OR	97141-3430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tillamook County General	Occupation	า	7
	Hospital	Presiden	t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Bruce Bishop			Date of Receipt
	Mailing Address 7777 SW Canyon Lane	M M / D D / Y Y Y Y		
		12 30 2005		
	City	Transaction ID: 11864397		
	Portland	OR	97225-3813	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Oregon Associátion of Hospitals & Heal	State Leg	gislative Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify) ▼		250.00	
	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Mr. Andrew S. Davidson			Date of Receipt
	Mailing Address 4000 Kruse Way Place	M M / D D / Y Y Y Y		
	City	State	Zip Code	12 30 2005
	City Lake Oswego	OR	97035-5545	Transaction ID: 11864398  Amount of Each Receipt this Period
	•		07000 0040	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	$\dashv$
	Oregon Association of Hospitals & Heal	Presiden		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 - 3 - 1		1
	Other (specify)		250.00	
				'
s	UBTOTAL of Receipts This Page (optional)		<b>.</b>	750.00
$\vdash$	- 1 (-			-

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 182
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Staten	nents may not be sold or used by any persor	n for the purpose of soliciting contributions
or for commercial purposes, other than using the nam	e and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		_
Full Name (Last, First, Middle Initial)  Mr. Richard Magenheimer		Date of Receipt
Mailing Address 8110 Gatehouse Road		12 30 7 2005
City	State Zip Code	Transaction ID: 11865642
Falls Church	VA 22042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Inova Health' Svetem	ccupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Dr. Edward G Murphy, , M.D.		Date of Receipt
Mailing Address P O Box 13367		12 30 7 2005
City	State Zip Code	Transaction ID: 11865644
Roanoke	VA 24033-3367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Carilian Health System	occupation resident and Chief Executive Officer	
	Aggregate Year-to-Date ▼	
Primary General	300.00	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)  Mr. Paul Morlock		Date of Receipt
Mailing Address 271 River Oak Drive		12
City	State Zip Code	Transaction ID: 11865651
<u>Marion</u>	VA 24354-6005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Smyth County Community Ho-	occupation	
<u>spital</u> v	lice President Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	·····	750.00
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 182 (check only one)  X 11a 11b 11c 12
An or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persolress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Ellen T. Menard			Date of Receipt
	Mailing Address 621 Pommander Walk			12 30 2005
	City	State	Zip Code	Transaction ID: 11865652
	Alexandria	VA	22314-3846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Inova Health System	l	sident Human Resources	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial) Ms. Shannon Sinclair			Date of Receipt
٥.	Mailing Address 100 West Braddock Roa	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11865654
	Alexandria	VA	22301-2146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Inova Health System	Occupation		7
	Receipt For:		sident/General Counsel Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 - 3 - 1	300.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall			Date of Receipt
Mailing Address 11513 Kingswood Blvd.				12 30 YYYYY 12 30 2005
	City	State	Zip Code	Transaction ID: 11865714
	Fredericksburg	VA	22408-1882	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		300.00
	Name of Employer Medicorp Health System	l	Vice President	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
	<u> </u>		<u> </u>	

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 127 / 182
		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Paul Chidester			Date of Receipt
	Mailing Address 1408 Five Hill Trail			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11865753
	Virginia Beach	VA	23452-4704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Chesapeake General Hospit- al	Occupation Chief Me	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	300.00	1
	Other (specify)	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Dorka Picard			Date of Receipt
	Mailing Address 779 Monoment Avenue	12 30 7 2005		
	City	Transaction ID: 11865755		
	Woodbridge	VA	22192-1308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Potomac Hospital	Occupation Vice Pres		
	Receipt For:		e Year-to-Date <b>V</b>	-
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	300.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Rodney Huebbers			Date of Receipt
	Mailing Address 17646 Stonegait Court			1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11865757
	Round Hill	VA	20141-2264	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	300.00
	federal political committee.	C		300.00
	Name of Employer Inova Loudoun Hospital	l	t & Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)		·····	900.00
Т	OTAL This Period (last page this line number on	ılv)		
-	(	.,		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 128 / 182	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	. —
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c   12
Δ.,	winformation conicd from such Departs and C	tatamanta ma	, not be cold or used by one norse	13 14	15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$  \rangle$	American Hospital Association PAC				
$\mathbb{Z}$	·				
	Full Name (Last, First, Middle Initial)			Data of Bassist	
Α.	Mr. Adrian Stanton  Mailing Address 5013 Fleming Drive			Date of Receipt	/ <b>Y Y Y Y</b>
	Walling Address 5015 Flerilling Drive			12 30	2005
	City	State	Zip Code	Transaction ID: 11	865763
	Annandale	VA	22003-4110	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			300.00
	federal political committee.				000.00
	Name of Employer Inova Fairfax Hospital	Occupation	1	7	
	Inova Fairfax Hospital	Sr. Direct	tor		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	, ,	300.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
В.	Mr. Alan B. Rindler			Date of Receipt	
	Mailing Address 1801 Beacon Street			M M / D D	/ Y Y Y Y
	0"		7' 0 1	12 30	2005
	City	State	Zip Code	Transaction ID: 11	
	Waban	MA	02468-1402	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Tufts-New England Medical	Occupation	1		
	Center	Trustee	Voor to Data	_	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	1	
	Other (specify)		250.00		
				1	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Glenn D Cordner			Date of Receipt	
	Mailing Address P O Box 2003			12 30	2005
	City	State	Zip Code	Transaction ID: 11	
	Springfield	VT	05156-2003	Amount of Each Re	
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	 1	$\dashv$	
Corinatiold Despital			ecutive Officer		
		Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼			250.00	1	
			250.00		
	UBTOTAL of Receipts This Page (optional)				800.00
$\vdash$	ODIGIAL OF HECEIPIS THIS Fage (Optional)		······································		
T	OTAL This Period (last page this line number	only)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 182
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δn	y information copied from such Reports and State	ements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Francis M Saba			Date of Receipt
	Mailing Address 14 Prospect Street			12 29 2005
	City	State	Zip Code	Transaction ID: 11869314
	Milford	MA	01757-3090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Milford-Whitinsville Regi- onal Hospital	Occupation President	n : and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	300.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Michael W. Metzler			Date of Receipt
	Mailing Address 795 Middle Street	12 / 29 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 11869319
	Fall River	MA	02721-1798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Saint Anne's Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial)  Mr. Peter Lawrence			Date of Receipt
	Mailing Address 18 Newbury Street			12 29 / 2005
	City	State	Zip Code	Transaction ID: 11869320
	Boston	MA	02116-3246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Tufte-New England Medical	Occupation Trustee	ו	
	Receipt For:		Year-to-Date ▼	7
	Primary General		250.00	1
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			550.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 130 / 182
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Statement	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name ar	ariu add	iress or any pontical committee to	SOIIGIT CONTINUUTIONS TOTA SUCTI COMMITTEE.
/	NAME OF COMMITTEE (In Full)			
_	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Henrietta S. Fielek			Date of Receipt
	Mailing Address 325 Seventh Street, NW			12 29 2005
	Suite 700 City Sta	ate	Zip Code	Transaction ID: 11869322
	Washington DC		20004-2818	Amount of Each Receipt this Period
			20004 2010	
	FEC ID number of contributing federal political committee.	<u></u>		1000.00
	American Hospital Associa-	cupation		
	tion-Washingt VICE		sident, Education	-
	Receipt For: Aggi	gregate	Year-to-Date ▼	
	Other (specify)	. 1	2000.00	
			0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Ms. Trudy D. Chittick			Date of Receipt
	Mailing Address 932 Arapahoe			12 29 2005
	City Sta	ate	Zip Code	Transaction ID: 11869323
	Thermopolis WY		82443-2115	Amount of Each Receipt this Period
	FEC. ID as well as of a sustribution	-		
	federal political committee.			250.00
	Name of Employer Hot Springs County Memori- Chie	upation	1	╡
	Hot Springs County Memorial Hospital Chie	ef Exe	ecutive Officer	
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. James P Barbuat			Date of Receipt
٠.	Mailing Address P O Box 1389			M M / D D / Y Y Y Y
				12 30 2005
	•	ate	Zip Code	Transaction ID: 11869347
	<u>Opelousas</u> <u>LA</u>	4	70571-1389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer	upation		
	Opelousas General Health		isident Financial Services	
	Oystem		Year-to-Date V	1
	Primary General	J ga.c		
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)		·····	1500.00
_	OTAL This Period (last page this line number only)			
- 10	LALAL LINIS PERIOR (19ST DARE THIS TIME NUMBER ONLY)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12   17   18   17   18   17   18   17   18   17   18   17   18   18
Ar or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Coletta Barrett, RN, MHA			Date of Receipt
	Mailing Address 5000 Hennessy Boulevard			12 30 2005
	•	State	Zip Code	Transaction ID: 11869348
		_A	70808-4375	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Our Lady of the Lake Regi-	ccupation ce Pres		
	<u>Orial Medical</u>		e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— В.	Full Name (Last, First, Middle Initial) Mr. James E. Cathey, Jr.			Date of Receipt
	Mailing Address P.O. Box 2668	12 30 YYYYY 12 30 2005		
	City S	State	Zip Code	Transaction ID: 11869350
	<u>Hammond</u> <u>L</u>	_A	70404-2668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	North Oaks Medical Center	cupation	n ecutive Officer	
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Clark R. Cosse, III			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 30 2005
	City S	State	Zip Code	Transaction ID: 11869351
	Baton Rouge L	_A	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Louisiana Hospital Associ	cupation ce Pres	n sident, Legal & Government	Aff
	Receipt For: Ag	ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
Н	OTAL This Period (last nage this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 132/182	
	ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b	☐ 11c ☐ 12
			Detailed Summary Page	13 14	15 16 17
Ar	ny information copied from such Reports and State	ments may	not be sold or used by any perso	on for the purpose of soli	citing contributions
or	for commercial purposes, other than using the nan	ne and add	aress of any political committee to	Solicit contributions from	1 Such committee.
$  \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	American Pospital Association 1 Ao				
_	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Mr. Robert C. Davidge  Mailing Address 5000 Hennessy Boulevard	ı		Date of Receipt	) / Y Y Y Y
	Journal Maining Addition 5000 Flerifiessy Boulevaid			1 2 3	
	City	State	Zip Code	Transaction ID: 1	1869353
	Baton Rouge	LA	70808-4375	Amount of Each F	teceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Our Lady of the Lake Pogi	Occupation			
	onal Medical		t & Chief Executive Officer	_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)		250.00		
_				1	
В.				Date of Receipt	
	Mailing Address PO Box 2995			12 30	
	City	Zip Code	Transaction ID: 1		
	Baton Rouge	LA	70821-2995	Amount of Each F	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Louisiana Hospital Associ-	Occupation	n	_	
	ation	Attorney			
		Aggregate	e Year-to-Date ▼	.	
	Primary General  Other (specify) ▼		250.00		
		0 0	0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)			Date of Boards	
C.	Dr. John J. Finn, Ph.D.  Mailing Address 417 Magnolia Lane			Date of Receipt	) / Y Y Y Y
	Walling Address 417 Magnolla Lane			1 2 3	
	City	State	Zip Code	Transaction ID: 1	1869356
	Mandeville	LA	70471-1646	Amount of Each F	teceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Motropolitan' Hocnital Cou	Occupation			
ncil of New O		t e Year-to-Date ▼	4		
Primary General  Other (specify) ▼			; Teal-to-Date ▼	1	
			250.00		
_					
	UBTOTAL of Receipts This Page (optional)				750.00
$\vdash$	ODIOTAL OF HEGETHIS THIS FAGE (OPHOHAI)			-	
т	OTAL This Period (last page this line number only	')			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 182	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ie and add	not be sold or used by any persol dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	7 illionodii Fioophai 7 looosidiioi F7 lo			
_	Full Name (Last, First, Middle Initial)			
A.	Ms. Teri G Fontenot, , CHE			Date of Receipt
	Mailing Address P O Box 95009			12 30 2005
	City	State	Zip Code	
	Baton Rouge	LA	70895-9009	Transaction ID: 11869357  Amount of Each Receipt this Period
	FFO ID work and contribution		70093-9009	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	- Sacrai political committee.			
	Woman's Hospital	Occupation		
			t and Chief Executive Officer	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		500.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			<u> </u>
В.	Mr. Erie J. Hebert, Jr., FAHCE			Date of Receipt
	Mailing Address 1101 Medical Center Blvd.			M M / D D / Y Y Y Y
		12 30 2005		
	City	State	Zip Code	Transaction ID: 11871248
	Marrero	LA	70072-3191	Amount of Each Receipt this Period
	FEC ID number of contributing	С		540.00
	federal political committee.	<u> </u>		
	Name of Employer West Jefferson Medical Ce-	Occupation	า	7
	West Jefferson Medical Center	Senior Vi	ce President	
		Aggregate	e Year-to-Date ▼	
	Primary General		540.00	
	Other (specify) ▼		340.00	
C	Full Name (Last, First, Middle Initial) Mr. William R Holman, , CHE			Date of Receipt
•	Mailing Address 8585 Picardy Avenue			M M / D D / Y Y Y Y
	ooo Hoardy Avenue			12 30 2005
	City	State	Zip Code	Transaction ID: 11871249
	Baton Rouge	LA	70809-3679	Amount of Each Receipt this Period
	FEC ID number of contributing	<u>^</u>		250.00
federal political committee.		<u> </u>		230.00
	Name of Employer	Occupation	า	-
	Raton Rougé Géneral Medic-		t and Chief Executive Officer	
	<u>ai Ochtei</u>		Year-to-Date ▼	
	Primary General	1 1		
	Other (specify) ▼		250.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)			1290.00
Г				
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)	F		FOR LINE NUMBER: PAGE 134 / 182
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos commany rago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John A. Matessino			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 30 2005
	City	State	Zip Code	Transaction ID: 11871251
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Louisiana Hospital Associ-	Occupation President	t & Chief Executive Officer	1
	ation Receipt For:	1	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		1000.00	
				1
В.	Full Name (Last, First, Middle Initial) Ms. Mary B Moffett, , CPA			Date of Receipt
	Mailing Address P.O. Box 2780			12 30 2005
	City	State	Zip Code	Transaction ID: 11871252
	Jena	LA	71342-2780	Amount of Each Receipt this Period
			71042 2700	
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	+
	LaSalle General Hospital		ecutive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	33 - 3		1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			D. (D. )
C.	Mr. Sean M. Prados, MPA			Date of Receipt
	Mailing Address 9521 Brookline Avenue			12 30 2005
	City	State	Zip Code	Transaction ID: 11871257
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	<u> </u>		
	Name of Employer Louisiana Hospital Associ-	Occupation	n ce President	
	ation Receipt For:		Year-to-Date <b>V</b>	$\dashv$
	Primary General	, iggregate	Tour to Duto ¥	1
	Other (specify)		500.00	
				1
s	UBTOTAL of Receipts This Page (optional)			2000.00
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S	SCHEDULE A (FEC Form 3X)		Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 135 / 182
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	iamo ana aac	are or any pointed committee to	Control Contro
$  \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
_	Full Name (Last, First, Middle Initial)			
Α.	Mr. Paul A. Salles			Date of Receipt
	Mailing Address 644 Apache Drive			12 30 2005
	City	State	Zip Code	Transaction ID: 11871258
	Abita Springs	LA	70420-3331	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	_
	Name of Employer Louisiana Hospital Associ-		th Economics & Decision Su	pppor
	ation Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Chris Vidrine			Date of Receipt
٠.	Mailing Address 9521 Brookline Avenue			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: 11871264
	Baton Rouge	LA	70809-8409	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupation	า	
	Louisiana Hospital Association	Policy An		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	☐ Other (specify) ▼	1	200.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Steve Worley			Date of Receipt
	Mailing Address 200 Henry Clay Avenue			12 30 YYYY 12 30 2005
	City	State	Zip Code	
	New Orleans	LA	70118-5798	Transaction ID: 11871265  Amount of Each Receipt this Period
	FEC ID number of contributing		70110 0700	
	federal political committee.	C		500.00
	Name of Frankrica	1000000		
	Name of Employer Children's Hospital	Occupation	ո t and Chief Executive Officer	.
	Receipt For:		Year-to-Date   Year-to-Date	-
	Primary General	, iggi ogalo		1
	Other (specify) ▼	1	500.00	
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 182 (check only one)    X
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gary S Barber  Mailing Address 3501 Johnson Street  City Hollywood  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify)	State FL C Occupation General of Aggregate		Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Ms. Lynn Barrett Mailing Address 1141 NW 193rd Avenue	0 0		Date of Receipt  1 2
	City Pembroke Pines FEC ID number of contributing federal political committee.	State FL	Zip Code 33029-3220	Transaction ID: 11873397  Amount of Each Receipt this Period  250.00
	Name of Employer Memorial Healthcare System  Receipt For:  Primary General  Other (specify) ▼	Occupation Attorney Aggregate	e Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. John A Benz Mailing Address 703 North Flamingo Roa City Pembroke Pines	ad State FL	Zip Code 33028-1014	Date of Receipt  1 2
	FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West  Receipt For: Primary General Other (specify)		n ategic Officer e Year-to-Date ▼	500.00
s	UBTOTAL of Receipts This Page (optional)		·····	1250.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 137 / 182
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Forest Blanton			Date of Receipt
	Mailing Address 3501 Johnson Street			12 30 2005
	City	State	Zip Code	Transaction ID: 11873399
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Regional Hospital		rator Management Systems	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Sue E Bradford, , R.N.			Date of Receipt
	Mailing Address 703 North Flamingo Ro	12 30 2005		
	City	State	Zip Code	Transaction ID: 11873401
	Pembroke Pines	FL	33028-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital West	Occupation Chief Ope	erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	]
— С.	Full Name (Last, First, Middle Initial) Mr. Walter Bussell			Date of Receipt
Ο.	Mailing Address 703 North Flamingo Ro	ad		12 30 2005
	City	State	Zip Code	Transaction ID: 11873403
	Pembroke Pines	FL	33028-1014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Hospital West	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
$\vdash$	,			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 138 / 182			
	EMIZED RECEIPTS		or each category of the	(check only one)	144. 🗆 40		
•			Detailed Summary Page	X   11a   11b   13   14	11c   12 15   16   17		
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
_	Full Name (Last, First, Middle Initial)						
Α.	Mr. William A. Edelstein			Date of Receipt			
	Mailing Address 1930 Lakepoint Dr.			12 30	2005		
	City	State	Zip Code	Transaction ID: 11	873414		
	Weston	FL	33326-2355	Amount of Each Re			
FEC ID number of contributing federal political committee.		C			250.00		
	Name of Employer Memorial Regional Hospital	Occupation Nursing I	n Home Administrator				
	Receipt For:		e Year-to-Date ▼				
	Primary General		250.00	1			
	☐ Other (specify) ▼	0 0	230.00	1			
В.	Full Name (Last, First, Middle Initial) Mr. C. Kennon Hetlage			Date of Receipt			
	Mailing Address 19910 NW 2nd Street			12 / 30	2005		
	City	State	Zip Code	Transaction ID: 11	Transaction ID: 11873424		
	Pembroke Pines	<u>FL</u>	33029-3306	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Memorial Regional Hospital	Occupation	n ecutive Officer				
	Receipt For:	-1	e Year-to-Date <b>V</b>				
	Primary General	riggrogate		1			
	Other (specify) ▼	0 0	500.00				
C.	Full Name (Last, First, Middle Initial) Mr. Stuart Hopen			Date of Receipt			
Ο.	Mailing Address 3831 N. 43rd Avenue			M M / D D	/ Y 'Y 'Y 'Y		
				12 30	2005		
	City	State	Zip Code	Transaction ID: 11			
	Hollywood	FL	33021-1831	Amount of Each Re	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Memorial Healthcare System		General Counsel				
			e Year-to-Date ▼	_			
Primary General Other (specify)			250.00				
			0 0 0 0 0 0 0				
s	SUBTOTAL of Receipts This Page (optional)						
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1 1	<b>OTAL</b> This Period (last page this line number of	лп <b>у</b> )	·······				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 139 / 182
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Patricia Jackson			Date of Receipt
	Mailing Address 1920 South Ocean Drive Apt. 1709		7.0	12 30 7 2005
	City	State FL	Zip Code	Transaction ID: 11873427
	Fort Lauderdale	FL	33316-3764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation Risk Man		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Catherine B. Johnson			Date of Receipt
	Mailing Address 8390 North West 24th C	12 30 7 2005		
	City	State	Zip Code	Transaction ID: 11873428
	Pembroke Pines	<u>FL</u>	33024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital of Jack- sonville	Occupation Director	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Regginald L. Jordan			Date of Receipt
	Mailing Address 5510 S.W. 21st Street			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11873429
	Hollywood	<u>FL</u>	33023-3116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital Pembroke	Occupation Assistant	n : Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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- 11	OTAL This Period (last page this line number or	пу)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 140 / 182
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Anthony C. Krayer, III			Date of Receipt
	Mailing Address 340 W. Tropicla Way			12 30 2005
	City	State	Zip Code	Transaction ID: 11873431
	Plantation	FL	33317-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Regional Hospital	Occupation Chief Cor	n rporate Affairs Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify) ▼		1000.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Lorraine L. Lutton			Date of Receipt
	Mailing Address 6508 North River Boule	evard		12 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11873433
	Tampa	FL	33604-6028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer St. Joseph's Hospital	Occupation Chief Ope	n erating Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	33 - 3 - 1	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stanley Marks, , M.D.			Date of Receipt
	Mailing Address 3501 Johnson Street			12 30 2005
	City	State	Zip Code	Transaction ID: 11873435
	Pembroke Pines	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Healthcare System	Occupation Chief Med	n dical Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1875.00
1				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 141 / 182
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δr	y information copied from such Reports and St	atemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Keith Palant			Date of Receipt
	Mailing Address 621 NW 193 Avenue			12 30 2005
	City	State	Zip Code	Transaction ID: 11873445
	Pembroke Pines	FL	33029-3263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital West	Occupation Director of	n of Security	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Christopher Perry			Date of Receipt
	Mailing Address 5131 SW 168 Avenue	12 30 2005		
	City	State	Zip Code	Transaction ID: 11873448
	S.W. Ranches	<u>FL</u>	3331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Memorial Healthcare System	Occupation Director,		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. J E Piriz			Date of Receipt
	Mailing Address 3682 Falcon Ridge Circ			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11873449
	Weston	FL	33331-5019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
	Name of Employer Memorial Regional Hospital	Occupation Administr		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 250.00	1
_	Other (specify) ▼	230.00		
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	750.00
_	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 142 / 182 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		,,	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)  Mr. Robert Reese			Date of Receipt
Mailing Address 546-2 North East 7th Av	venue		12 30 2005
City	State	Zip Code	Transaction ID: 11873454
Ft. Lauderdale	FL	33301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Fort Lauderdale Hospital	Occupation Chief Info	n ormation Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Mr. Joseph P. Reilly			Date of Receipt
Mailing Address 1740 NE First Street			12 30 7 2005
City	State	Zip Code	Transaction ID: 11873455
Fort Lauderdale	<u>FL</u>	33301-3760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Memorial Regional Hospital		rator, External Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Kenneth P. Resmini			Date of Receipt
Mailing Address 2445 N. 37th Aveneu			12 30 7 2005
City	State	Zip Code	Transaction ID: 11873456
Hollywood	FL	33021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Memorial Regional Hospital	Occupation Director	n of Compliance & Audit	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 182 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\setminus$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Zeff Ross			Date of Receipt
	Mailing Address 10213 Capri Street			12 30 YYYY 12 30 2005
	City Hollywood	State FL	Zip Code 33026-4637	Transaction ID: 11873460  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Memorial Hospital West	Occupation Administr	rator	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Frank V Sacco, , FACHE			Date of Receipt
-	Mailing Address 3501 Johnson Street			1 2 D D D D D D D D D D D D D D D D D D
	City	State	Zip Code	Transaction ID: 11873461
	Hollywood  FEC ID number of contributing federal political committee.	C	33021-5487	Amount of Each Receipt this Period  1000.00
	Name of Employer Memorial Healthcare System	Occupation Chief Exe	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Steven R. Sampier			Date of Receipt
	Mailing Address 2830 S.W. 19th Terrace Unit C			12 30 7 2005
	City	State	Zip Code	Transaction ID: 11873462
	Fort Lauderdale  FEC ID number of contributing federal political committee.	FL C	33315-2720	Amount of Each Receipt this Period  250.00
	Name of Employer Memorial Regional Hospital  Receipt For: Primary General		n of Community Services • Year-to-Date ▼	
s	Other (specify) ▼  UBTOTAL of Receipts This Page (optional)		250.00	2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   17   18   17   18   17   18   17   18   17   18   17   18   17   18   18
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David L. Schlemmer			Date of Receipt
	Mailing Address 8621 NW 53rd Court			1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11873464
	Coral Springs	FL	33067-2846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Healthcare System	Occupation Assistant	n t Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Rhonda Sherrod			Date of Receipt
	Mailing Address 1100 SW 11th Street	12 30 7 2005		
	City	State	Zip Code	Transaction ID: 11873465
	Live Oak	FL	32060-3608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Shands at Live Oak	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Deborah Tedder			Date of Receipt
	Mailing Address 3501 Johnson Street			12 30 YYYYY 12 30 2005
	City	State	Zip Code	Transaction ID: 11873471
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Regional Hospital	Occupation Chief Op	n erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		<b>1</b>	1500.00
	OTAL This Period (last nage this line number)			

S	CHEDULE A (FEC Form 3X)		Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 145 / 182	
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
CI		name and add	ness of any political committee to	Solicit contributions from Such committee.	
	NAME OF COMMITTEE (In Full)				
$\angle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Beatrix Thom			Date of Receipt	
	Mailing Address 5610 Thrstledown Terra	ace		12 30 YYYYY 12 30 2005	
	City	State	Zip Code	Transaction ID: 11873476	
	Davie	FL	33331-2576	Amount of Each Receipt this Period	
			33331 2370	Amount of Each Neceipt this Feriod	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Memorial Hospital Pembroke	Occupation Director	1		
	Receipt For:		Year-to-Date ▼	+	
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1	
	Other (specify) ▼		250.00		
				1	
В.	Full Name (Last, First, Middle Initial) Ms. Tammy Tucker			Date of Receipt	
	Mailing Address 9631 Ridgeside Court			M M / D D / Y Y Y Y	
				12 30 2005	
	City	State	Zip Code	Transaction ID: 11873478	
	<u>Davie</u>	<u>FL</u>	33328-6907	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Memorial Regional Hospital	Occupation			
	-	1	Administrator		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	1 1 1 1 1 1 1		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Nina Tucker			Date of Receipt	
J.	Mailing Address 3115 N. 36th Avenue			M M / D D / Y Y Y Y	
				12 30 2005	
	City	State	Zip Code	Transaction ID: 11873479	
	Hollywood	FL	33021-3062	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	С		300.00	
	Name of Employer Memorial Regional Hospital	Occupation Administr			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	55. 054.0		1	
	Other (specify)		500.00		
				1	
s	UBTOTAL of Receipts This Page (optional)			1000.00	
$\vdash$	,				

TOTAL This Period (last page this line number only) .....

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 146 / 182
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Staten	nents may	not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Felicia Turnley			Date of Receipt
Λ.	Mailing Address 5212 NW 67th Avenue			M M / D D / Y Y Y Y
				12 30 2005
	City	State	Zip Code	Transaction ID: 11873480
	Lauderhill	FL	33319-7226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Mamarial Hacrifal Wast	Occupation	n rative Director, Cancer Servic	
	-		Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert C Chapman, , FACHE			Date of Receipt
	Mailing Address 50 Medical Park East Drive	Э		12 28 2005
	City	State	Zip Code	Transaction ID: 11873638
	Birmingham	AL	35235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Factorn Hoalth Syctom In-	Occupation President	n t and Chief Executive Officer	1
	<u>v.</u>		Year-to-Date ▼	_
	Primary General	1 1	4000.00	
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Mr. William H Anderson			Date of Receipt
	Mailing Address Post Office Box 610			12 28 2005
	City	State	Zip Code	Transaction ID: 11873639
	Sheffield	AL	35660-0610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Helen Keller Hospital	Occupation President		]
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	
	Other (specify) ▼	1 1	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
Ť				
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 182 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Douglas P DeGraaf			Date of Receipt
	Mailing Address 1007 Goodyear Avenue			12 28 2005
	City	State	Zip Code	Transaction ID: 11873640
	Gadsden  FEC ID number of contributing federal political committee.	C	35903-1195	Amount of Each Receipt this Period 640.00
	Name of Employer Gadsden Regional Medical Center Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		ecutive Officer Year-to-Date   640.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael D Marshall Mailing Address P O Box 890			Date of Receipt  1 2 2 8 2 0 0 5
	City Demopolis	State AL	Zip Code 36732-0890	Transaction ID: 11873641
	FEC ID number of contributing federal political committee.	C	30732-0090	Amount of Each Receipt this Period  600.00
	Name of Employer Bryan W. Whitfield Memori- al Hospital Receipt For:  Primary General Other (specify) ▼		rator and Chief Executive Of Year-to-Date ▼	fi
 C.	Full Name (Last, First, Middle Initial) Mr. Lewis A. Standeffer			Date of Receipt
Mailing Address 809 University Blvd. East		İ		1 2 2 8 2 0 0 5
	City	State	Zip Code	Transaction ID: 11873642
	Tuscaloosa  FEC ID number of contributing federal political committee.	C	35401-2029	Amount of Each Receipt this Period  290.00
	Name of Employer Northport Medical Center	Occupation Administr		
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	
s	UBTOTAL of Receipts This Page (optional)			1530.00
			·	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			l lee commute colorabile/e	FOR LINE NUMBER: PAGE 148 / 182		
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
Δ.	winformation conicd from such Departs and Ct	otomonto moi	, not be cold or used by one para	13 14 15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any persitress of any political committee to	osolicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Sammy Watson			Date of Receipt		
	Mailing Address 809 University Bouleva	rd E.		12 16 2005		
	City	State	Zip Code	Transaction ID: 11873654		
	Tuscaloosa	AL	35401-2071	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer DCH Health System	Occupation Director.	Community Relations			
	Receipt For:		Year-to-Date ▼			
	Primary General	1	505.00	7		
	Other (specify)	0 0	303.00			
В.	Full Name (Last, First, Middle Initial) Ms. A. Elizabeth Anderson			Date of Receipt		
٥.	Mailing Address 6600 Apple Cross Drive	e North		M M / D D / Y Y Y Y		
		12 16 2005				
	City	State	Zip Code	Transaction ID: 11873655		
	Mobile	AL	36695-2900	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer USA Children's and Women's	Occupation				
	Hospital	Administr				
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼			
	Other (specify)		325.00			
_	Full Name (Last, First, Middle Initial) Ms. Sheila Price Limmroth			Date of Pagaint		
U.	Mailing Address 1711 Lake Avenue			Date of Receipt		
				12 16 2005		
	City	State	Zip Code	Transaction ID: 11873656		
	Tuscaloosa	AL	35401-3645	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer DCH Regional Medical Cent- er	Occupation Director,	n Internal Audit			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	'''	500.00	1		
	Other (specify) ▼	0 0		1		
s	UBTOTAL of Receipts This Page (optional)			975.00		
	OTAL THE DESCRIPTION OF THE PROPERTY OF THE PR					
ΙT	OTAL This Period (last page this line number of	only)				

SC	HEDULE A (FEC Form 3X)		Lloo concrete cohedula(a)	FOR LINE NUMBER: PAGE 149 / 182
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
116	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Any or fo	rinformation copied from such Reports and Sta or commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
١.	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Pam Cole			Date of Receipt
_	Mailing Address 106 Mulberrry Ct.			12 16 2005
	City	State	Zip Code	Transaction ID: 11873657
-	Dothan	AL	36303-9332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
ī	Name of Employer Flowers Hospital	Occupation Chief Nur	n rsing Officer	
Ī	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	250.00	
_	L Full Name (Last, First, Middle Initial) Ms. Talana Bell Wilkins			Date of Receipt
i	Mailing Address 7990 South Co. Road	12 16 2005		
(	City State Zip Code			Transaction ID: 11873658
-	Dothan	AL	36301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Ī	Name of Employer Flowers Hospital	Occupation Chief Fin	n ancial Officer	
Ī	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Rosemary Blackmon			Date of Receipt
-	Mailing Address 547 Le Grand Place			12 16 2005
(	City	State	Zip Code	Transaction ID: 11873659
-	Montgomery	AL	36106-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Alabama Hospital Associat- ion	Occupation Vice Pres	n sident of Public Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
su	IBTOTAL of Receipts This Page (optional)			750.00
			•	
TC	<b>PTAL</b> This Period (last page this line number o	nly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 150 / 182
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page		(check only one)
11	EMIZED RECEIPTS			X   11a
	ny information copied from such Reports and Sta			n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jane Knight			Date of Receipt
	Mailing Address 1612 Salisbury Place			12 16 2005
	City	State	Zip Code	Transaction ID: 11873660
	Montgomery	AL	36117-2562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00117 2002	250.00
	Name of Employer Alabama Hospital Associat- ion	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	-	Year-to-Date ▼	
	Primary General		050.00	
	Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Danne J. Howard			Date of Receipt
	Mailing Address 1812 Woodmere Loop			12 16 2005
	City	State	Zip Code	Transaction ID: 11873661
	Montgomery	AL	36117-5004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alabama Hospital Associat-	Occupation		
	ion	· · · · · · · · · · · · · · · · · · ·	Government Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gregg B. Everett			Date of Receipt
Ο.	Mailing Address 8224 Parkview Court			M M / D D / Y Y Y Y
	City	Ctata	7in Code	12 16 2005
	City Montgomery	State AL	Zip Code 36117-6964	Transaction ID: 11873662
		AL	30117-0904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Alabama Hospital Associat- ion	Occupation Sr. Vice I	n President & General Counse	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only) .....

SCHEDI	JLE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		1 / 182
	ED RECEIPTS		or each category of the Detailed Summary Page	(check only on	11b 11c 1	12 16 <b>1</b> 7
Any informat	tion copied from such Reports and Sta ercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose	e of soliciting contributi	ons
NAME O	F COMMITTEE (In Full) an Hospital Association PAC					
	e (Last, First, Middle Initial) zer Rolen, Jr. ddress 2204 Lakeshore Drive Suite 230	State	Zip Code	Date of Re	D D / Y Y	y y y 0,5
Birming	ham	AL	35209-6729		Each Receipt this Per	iod
	number of contributing political committee.	C			<del></del>	0.00
ion Receipt F	Employer Hospital Associat- For: mary General ner (specify)		Director, Federal Advocacy Year-to-Date ▼			
Mr. Timot	e (Last, First, Middle Initial) hy J Thornton ddress 3712 Shady Cove Drive			Date of Re	D D / Y Y	y y y 0 5
City		Zip Code		n ID: 11873664	0.5	
Birming	ıham	State AL	35243-2467		Each Receipt this Per	ind
FEC ID r	number of contributing political committee.	C		7 illiouni oi	<del> </del>	0.00
Name of UAB Med	Employer dical West	Occupation CEO	1			
	For: mary General ner (specify)	Aggregate	e Year-to-Date ▼ 500.00			
Full Nam	e (Last, First, Middle Initial)					
	ddress P O Box 1270			Date of Re	D D / Y Y	y y 0.5
City		State	Zip Code	Transactio	n ID: 11873665	
<u>Ashlano</u>	<u> </u>	AL	36251-1270		Each Receipt this Per	iod
	number of contributing plitical committee.	C			100	0.00
	Employer Inty Hospital		ecutive Officer			
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
SUBTOTAL	L of Receipts This Page (optional)				2050	0.00
TOTAL Th	is Period (last page this line number or	nly)	<b>&gt;</b>			

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 182
IT	ITEMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δr	ny information copied from such Reports and Statements	s ma	v not he sold or used by any nerso	
or	for commercial purposes, other than using the name an	nd add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Mr. Kevin Hammeran			Date of Receipt
Α.				M M / D D / Y Y Y Y
	Mailing Address 1417 Capri Lane			12 30 2005
	City Stat	te	Zip Code	Transaction ID: 11875495
	Weston FL		33326-4023	Amount of Each Receipt this Period
	FEC ID number of contributing	-		250.00
	federal political committee.	-		250.00
	Name of Employer Occu Miami Children's Hospital Chic	patio	n	7
	Miami Children's Hospital Chie	f Off	icer of Operations	
		egate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0	200.00	
_	Full Name (Last, First, Middle Initial)			Date of Respire
Ь.	Ms. Katie Vaughan  Mailing Address 10-B Auburn Court			Date of Receipt
	Mailing Address 10-B Aubum Coun			M M / D D / Y Y Y Y
	City Stat	te	Zip Code	Transaction ID: PR1034595116169
	Alexandria VA		22305-2924	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.			38.24
	Name of Employer Occu	notio		4
	American Höspital Associa-		e Director	
	tion washingt		e Year-to-Date ▼	-
	Primary General	- 3		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		500.00	Weekly)
C.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City Stat		Zip Code	Transaction ID: PR1045726216169
	Washington DC	;	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			76.72
	federal political committee.	_		
Name of Employer American Hospital Associa-		patio	n	7
	American Hospital Associa- tion-Washingt		ief Washington Counsel	
		egate	e Year-to-Date ▼	
	Primary General		1000.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0	1000.00	Weekly)
				20100
s	UBTOTAL of Receipts This Page (optional)		<b></b>	364.96
-	OTAL This Daried (lest need this line number and )			
1 1	OTAL This Period (last page this line number only)		······································	

S	CHEDULE A (FEC Form 3X)		Llas concrete cohodulo(s)	FOR LINE NUMBER: PAGE 153 / 182
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1082532716169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Former D	n Director, Grassroots Advocad	y l
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464216169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		11.23
	Name of Employer American Hospital Associa-	Occupation Section [		
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			-
Э.	Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1125613616169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.67
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			53.90
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 154 / 182
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may lame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727316169
	Lake Barrington	<u> L</u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.72
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	961.53	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745916169
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.34
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:	1	Grassroots Advocacy  e Year-to-Date ▼	_
	Primary General	Aggregate	e real-lo-Dale V	D/D Doduction (\$40.00 B)
	Other (specify) ▼	0 0	1000.00	P/R Deduction (\$40.00 Bi- Weekly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777216169
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		Long-Term Care	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			147.06
_			<u> </u>	
T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 155 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
۸n	y information copied from such Reports and Sta	tomonte may	rnot he cold or used by any norse	13 14 15 16 17
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777816169
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.74
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n Sident, Member Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	238.77	P/R Deduction (\$10.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			Date of Descipt
э.	Mr. Neil J. Jesuele  Mailing Address 1003 Kimberly Place			Date of Receipt
	City	State	Zip Code	Transaction ID: PR327801716169
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.40
	Name of Employer American Hospital Associa-	Occupation	n e Vice President	
	tion-Washingt Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327812016169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		22.67
	Name of Employer American Organization of	Occupation		7
	Nurse Executi		e Director	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (\$00 00 D')
	Other (specify) ▼	0 0	500.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			90.81
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Δ.	ny information copied from such Reports and Staten	nonto mo	, ,	13 14 15 16 17
or	for commercial purposes, other than using the nam	nents may ie and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\geq$	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851916169
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.40
	Amorican Hoenital Accords	Occupation Director,	n Policy Development	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858016169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.72
	Amorican Hoenital Accords	Occupation		
	tion-Washingt		e Director, AHAPAC e Year-to-Date ▼	-
	Primary General	-tggr cgatc	Teal to Date V	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	1000.00	Weekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877816169
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	American Heapital Access	Occupation		7
	tion-Chicago		Executive	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$41.66 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			247.12
	OTAL This Period (last page this line number only)		<u> </u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 157 / 182
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> PR327942116169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		95.22
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	P/R Deduction (\$40.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
	Mailing Address One North Franklin Stre	M M / D D / Y Y Y Y		
	City State Zip Code		Zip Code	Transaction ID: PR328094116169
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		23.71
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		orate Counsel Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	250.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136916169
	La Grange	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.80
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	3
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)		<b>_</b>	209.73
H	OTAL This Period (last page this line number of		<u> </u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 / 182 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223816169
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR328224816169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Washingt Receipt For:	. ·	Year-to-Date ▼	-
	Primary General Other (specify) ▼		958.41	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224916169
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.72
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.06
			·	
T	OTAL This Period (last page this line number or	nly)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 159 / 182	
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16	17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
_	· ·				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. Richard J. Pollack			Date of Receipt	
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y	
	Suite 700	Ctoto	Zin Codo	DD200000010100	
	City	State	Zip Code	Transaction ID: PR328260916169	
	Washington	DC	20004-2818	Amount of Each Receipt this Period	_
	FEC ID number of contributing	С		153.44	
	federal political committee.				_
	Name of Employer American Hospital Associa-	Occupation	n	7	
	American Hospital Association-Washingt	Executive	e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General			P/R Deduction (\$80.00 Bi-	
	Other (specify) ▼	l	2000.00	Weekly)	
				'	
	Full Name (Last, First, Middle Initial)				
3.	Mr. Richard H. Wade			Date of Receipt	
	Mailing Address 1221 Cavalier Road	M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR328310416169	
	Arnold	MD	21012-2126	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		76.72	7
	federal political committee.			75112	
	Name of Employer	Occupation	n	$\dashv$	
	Name of Employer American Hospital Associa-		President, Communications		
	tion-Washingt Receipt For:		e Year-to-Date ▼	_	
	Primary General	1 999		P/R Deduction (\$40.00 Bi-	
	Other (specify)		1000.00	Weekly)	
	Full Name (Last, First, Middle Initial)				_
Э.	Mr. Stephen M. Ahnen			Date of Receipt	
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y	
	011		7' 0 1		
	City	State	Zip Code	Transaction ID: PR328312716169	
	Arlington	VA	22205-1629	Amount of Each Receipt this Period	_
	FEC ID number of contributing	С		76.72	
	federal political committee.	9			_
	Name of Employer	Occupation	n	7	
	American Hospital Associa- tion-Washingt		ice President		
	Receipt For:		e Year-to-Date ▼		
	Primary General			P/R Deduction (\$40.00 Bi-	
	Other (specify) ▼		1000.00	Weekly)	
				200.55	٦
SI	JBTOTAL of Receipts This Page (optional)			306.88	
					7
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		_

	NUEDIU E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 160 / 182
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸n	v information copied from such Bonorts and Stat	tomonte may	ret be sold or used by any perso	
or	y information copied from such Reports and Stat or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
/	American Hospital Association FAC			
_	Full Name (Last, First, Middle Initial)			
٩.	Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328341816169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		76.72
	federal political committee.			70.72
	Name of Employer	Occupation	n	-
	Name of Employer American Hospital Associa-	I	Political Action & Grassroot	
	tion-Washingt Receipt For:		Year-to-Date ▼	-
	Primary General	7 .gg. 0ga.c		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼		1000.00	Weekly)
				'
	Full Name (Last, First, Middle Initial)			
3.	Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511816169
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing	С		41.68
	federal political committee.	0		
	Name of Employer	Occupation	n	7
	Name of Employer American Hospital Associa- tion-Chicago		Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$47.60 Bi-
	Other (specify) ▼		979.32	Weekly)
				`
	Full Name (Last, First, Middle Initial)			
Э.	Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512016169
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.68
	·			
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Media Relations	4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General  Other (specify) ▼	' '	479.32	P/R Deduction (\$20.00 Bi- Weekly)
	Circi (Speedily)	0 0	0 0 0 0 0 0 0	,
	L			
SI	JBTOTAL of Receipts This Page (optional)			160.08
	. 5 . ,		<u> </u>	
T	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 161 / 182
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL TO		Detailed Summary Page	X   11a   11b   11c   12   17   18   17   18   17   18   17   18   18
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to s	olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt
	Mailing Address 801 Pennsylvania Ave, N	1W		M M / D D / Y Y Y Y
	#245			
	City	State	Zip Code	Transaction ID: PR328767016169
	Washington	DC	20004-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	า	1
	American Hospital Associa- tion-Washingt	Vice Pres	sident, Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General		1000.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		1000.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA			M M / D D / Y Y Y Y
	One North Franklin Stree			
	City	State	Zip Code	Transaction ID: PR329013416169
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.40
	Name of Employer American Hospital Associa-	Occupation	า	1
	tion-Chicago	Director,	Psychiatric and Substance Ab	2
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify)			vveekiy)
C.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	South		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR329215716169
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		]
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)			vvocaly)
s	UBTOTAL of Receipts This Page (optional)			205.40
1 1	OTAL This Period (last page this line number or	п <b>у</b> )		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 182 (check only one)    X
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John Evans Mailing Address One North Franklin Stre	et		Date of Receipt
	City	State	Zip Code	Transaction ID: PR329342616169
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.60
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation CFO Aggregate	e Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial)  Ms. Audrey L. Harris  Mailing Address 1136 W. Farwel		Date of Receipt	
	Unit 1W	04-4-	7:a Code	
	City Chicago	State IL	Zip Code 60626-3861	Transaction ID: PR329654216169  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00020-3001	22.60
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	1	e Director, ASDVS	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi- Weekly)
— Э.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR330273416169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	1	n ssociate Director e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			85.20
т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 163 / 182
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
۸	winformation and them and Oto			13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330343316169
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive	n e Services Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	P/R Deduction (\$10.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330475416169
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt
	Mailing Address 195 Oxford Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330524816169
	Alamo	CA	94507-1753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.72
	Name of Employer American Hospital Associa- tion-Chicago		ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			181.72
т,	OTAL This Period (last page this line number or	nlv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 164 / 182
ITEMIZED RECEIPTS		or each category of the		(check only one)
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Δr	ny information copied from such Reports and St	atemente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534316169
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		22.67
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Assoc	n ciate Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore D Unit 2303	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330547716169
	Chicago	<u>IL</u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		47.61
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Strategic Planning	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549216169
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	CCC ID number of contribution	C		50.00
	FEC ID number of contributing federal political committee.	C		30.00
	federal political committee.  Name of Employer American Hospital Association-Chicago	Occupation Vice Pres	sident, Member Relations	30.00
	federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Vice Pres		30.00
	federal political committee.  Name of Employer American Hospital Association-Chicago	Occupation Vice Pres	sident, Member Relations	P/R Deduction (\$20.00 Bi-Weekly)
s	Name of Employer American Hospital Association-Chicago Receipt For: Primary  General	Occupation Vice Pres Aggregate	sident, Member Relations Year-to-Date ▼  500.00	P/R Deduction (\$20.00 Bi-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 165 / 182
	-		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting solicit contributions from su	ng contributions uch committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Hospital Association PAC				
۸.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt	
	Mailing Address 2303 Burke Avenue			M M / D D	
	City	State	Zip Code	Transaction ID: PR	
	Alexandria	VA	22301-1101	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			25.00
	Name of Employer American Hospital Associa-	Occupation	n ocacy & Communications		
	tion-Washingt Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date $\nabla$	$\dashv$	
	Primary General	7.99.094.0		P/R Deduction (\$10	00 Ri-
	Other (specify) ▼	0 0	250.00	Weekly)	.00 Di
3.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt	
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D /	YYYY		
	City	State	Zip Code	Transaction ID: PRO	331386916169
	Washington	DC	20004-2818	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer American Hospital Associa-	Occupation	1		
	tion-Washingt		ssociate Director		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		250.00	P/R Deduction (\$10 Weekly)	.00 Bi-
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt	
	Mailing Address 521 Great Falls Street			M M / D D /	YYYY
	City	State	Zip Code	Transaction ID: PR3	331533216169
	Falls Church	VA	22046-2613	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			43.46
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt		sident, Policy	_	
	Receipt For:	Aggregate	Year-to-Date ▼	.	
	Primary General Other (specify) ▼		500.00	P/R Deduction (\$40 Weekly)	.00 Bi-
S	UBTOTAL of Receipts This Page (optional)				88.46
_	ago (optional)			-	
T	OTAL This Period (last page this line number or	nly)	<b>)</b>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 166 / 182
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and State	ements may	not be sold or used by any person	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to so	olicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Hospital Association PAC			
_	E 11.11 (1 . E 1.11			
١.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y	
	Suite 700			
	City	State	Zip Code	Transaction ID: PR517619716169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		22.67
	federal political committee.			22.07
	Name of Employer American Hospital Associa-	Occupation	1	
	American Höspital Associa- tion-Washingt	Sr. Assoc	ciate Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	500.00	P/R Deduction (\$20.00 Bi-
	Other (specify)		300.00	Weekly)
	Full Name (Last, First, Middle Initial)			
3.	Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M M / D D / Y M Y M Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR801366316169
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Dir. Policy Developme	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	P/R Deduction (\$10.00 Bi- Weekly)
	Other (specify) ▼			**************************************
	Full Name (Last, First, Middle Initial)			
Э.	Ms. Lisa Kidder			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700	Stata	Zip Code	: ID DD070007010100
	City Washington	State DC	21p Code 20004-2818	Transaction ID: PR876637216169
	<del>_</del>	ЪС	ZUUU4-Z010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$10.00 D)
	Other (specify)		239.66	P/R Deduction (\$10.00 Bi- Weekly)
			0 0 0 0 0 0 0	
	-			
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	63.51
	·		<u>,                                      </u>	
T	OTAL This Period (last nage this line number only	v)	•	

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Other (specify)

PAGE 167 / 182 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR936292316169 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 23.71 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation **Director of Operations** Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$10.00 Bi-250.00 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street City State Zip Code Transaction ID: PR939603916169 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 22.74 federal political committee. Name of Employer American Organization of Occupation Director of Operations Nurse Executi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$10.00 Bi-

238.77

Weekly)

SUBTOTAL of Receipts This Page (optional)	•	46.45
TOTAL This Period (last page this line number only)	<u> </u>	148371.92

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:
Δ.	winformation conicd from such Departs and Statement	anta mai		13 14 15 16 17
or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may e and ado	rnot be sold or used by any personal tress of any political committee to	os solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)  AZHHA Political Action Committee (Federal)  Mailing Address 2901 North Central Avenue	·		Date of Receipt
	Suite 900	Ctata	7in Codo	12 15 2005
	•	State AZ	Zip Code 85012	Transaction ID: 11813802  Amount of Each Receipt this Period
	EEC ID number of contributing	- 1 '	0217687	250.00
	Name of Employer O	ccupatior	1	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 18080.00	
В.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
	Mailing Address One Empire Drive	12 19 2005		
	•	State	Zip Code	Transaction ID: 11816467
		NY	12144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC	0160259	20000.00
	Name of Employer O	ccupatior	1	
	Receipt For:  Primary  General	ggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	120000.00	
С.	Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal			Date of Receipt
	Mailing Address P.O. Box 15587			12 19 2005
		State	Zip Code	Transaction ID: 11816713
		TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	0301325	8970.00
	Name of Employer O	ccupatior	1	
	Receipt For: A Primary General	ggregate	Year-to-Date ▼	1
	Other (specify)		79395.00	
s	UBTOTAL of Receipts This Page (optional)			29220.00
$\vdash$			<u> </u>	29220.00
T	<b>OTAL</b> This Period (last page this line number only)			20220.00

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 169 / 182 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 12 30 2005 City Zip Code State Transaction ID: 11871058 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 296.34 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 2458.88 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	296.34
TOTAL This Period (last page this line number only)	<u> </u>	296.34

	CHEDOLE B (I LCI OIIII 3X)		rate schedule(s)			OR LINE check only		:R:			PAGE	= 1/0	/ 182
П	EMIZED DISBURSEMENTS		ategory of the Summary Page		X		22 28a	Н	23 28b	$\square$	24 28c	25 29	26 30b
	y Information copied from such Reports and State												ns
or	for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	me and addres	s of any political	com	ımı	ittee to so	icit conti	TDUT	ions tro	om su	icn com	ımıttee	
$ \rangle$	American Hospital Association PAC												
Z	American Hospital Association 1 Ao												
^	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	: 118	71060		
Α.	Merchant Bankcard								isburse			V V	V
	Mailing Address 1601 Elm Street						1 <sup>M</sup> 2	IVI	/ L 0	6		ž 0 Ď !	5
	City	State	Zip Code				Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Dallas	TX	75201					_				78.	55
	Purpose of Disbursement Bank Fees				00	11		_		-		70.	55
	Candidate Name				_	gory/							
						pe							
		sement For:					Bank	Fee	es				
	Senate President	Other (spec	General										
	State: District:	Other (spec	Jiiy) ₩										
	Full Name (Last, First, Middle Initial)						Trans	sacti	ion ID	. 118	71061		
В.	American Express								isburs				
	Mailing Address Ste. 001						1 <sup>M</sup> 2	М	/ D 1	2	/ Y	ž 0 Ď !	5 Y
	Ste. 001							_					
	City	State	Zip Code				Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Chicago Purpose of Disbursement	IL	60679		_							14.	25
	Bank Fees				00	01		_				_	
	Candidate Name					gory/							
					Ту	pe							
	Office Sought: House Disbur	sement For: Primary	General				Bank	Fee	es				
	President	Other (spec											
	State: District:												
C	Full Name (Last, First, Middle Initial)								-		71059		
Ο.	Citibank, F.S.B.							of D	isburse	ement		v v	V
	Mailing Address 1400 G Street, NW						1 2		2	20		ž 0 ŏ !	5
	City	State	Zip Code				Amou	ınt o	f Each	Disb	urseme	nt this	Period
	Washington	DC	20005								-	68.	18
	Purpose of Disbursement Bank Fees				00	01		_		-		- 00.	.0
	Candidate Name			Ca	ate	gory/ pe							
		sement For:					Bank	Fρι	25				
	Senate	Primary	General				Dank	1 00	,5				
	State: President State:	Other (spec	ony) ▼										
Г	2.00.00						_	_					
s	UBTOTAL of Disbursements This Page (optional	l)				<u> </u>						160.	98
_	OTAL This Period (lest ness this line number and		<u> </u>		_	_			-			160.	98
l '	OTAL This Period (last page this line number on	у)			•••	▶						100.	90

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IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary F			H	21b 27	22 28a		23 28b	24	4 3c	25 29	26 30k					
	y Information copied from such Reports and State												ns					
or	for commercial purposes, other than using the na	me and address of any p	oolitical	com	mitt	e to soli	cit conti	ibutio	ns tro	m suc	n com	mittee						
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC																	
L	American Hospital Association 1 Ao																	
Α.	Full Name (Last, First, Middle Initial)									1179	9220							
Α.	Pryce For Congress							of Disl м /	burse	ement	V	V . V	V					
	Mailing Address 145 E. Rich Street						<sup>M</sup> 2		0	1		ž 0 Ď :	5					
	City	State Zip Code	Э				Amou	nt of I	Each I	Disbu	rseme	nt this	Period					
	Columbus	OH 43215	- 1						•		-	2500.	00					
	Purpose of Disbursement Contribution				011				-	_	-	2000.	.00					
	Candidate Name				ateg	-												
	Rep. Deborah Pryce				Тур	)												
	Senate President	Sement For: 2006  X Primary Ger Other (specify) ▼	6 eneral				Contr	ibutio	n		799209 nt							
_	State: OH District: 15																	
В.	Full Name (Last, First, Middle Initial) The Freedom Project								<b>n ID:</b> burse		9209							
	·						М	M /	D	D /	Υ	YYY	_ Y					
	Mailing Address 111 C Street SE Lower Unit						1 2		0	1		ž o ŏ :	5					
	City Washington	State Zip Code DC 20003	Э				Amou	nt of E	Each I	Disbui	rseme	nt this	Period					
	Purpose of Disbursement					_						5000.	00					
	2005 Contribution			L	011													
	Candidate Name				atego Type	-												
	Office Sought: House Disbur	sement For:			турс	,												
	Senate	Primary Ger	neral				2005	Cont	rıbutı	ion								
	President	Other (specify)																
_	State: District:  Full Name (Last, First, Middle Initial)																	
C.	Pete King For Congress Committee						Trans Date			1179: ment	9212							
								M /	D 0	D /	Y	ž 0 ŏ :	F Y					
	Mailing Address Post Office Box 1428						1 4	_	0			200	3					
	City	State Zip Code	e e				Amou	nt of I	Each i	Disbu	rseme	nt this	Period					
	Seaford	NY 11783							•		•	1000.	00					
	Purpose of Disbursement Contribution				011			_		_		1000.	00					
	Candidate Name				ateg	-												
	Rep. Peter T. King				Тур	9												
	Office Sought: X House Disbur	sement For: 2006 Primary X Ger	-				Contr	ibutic	n									
	President	Other (specify)	inciai															
_	State: NY District: 3																	
	· · · · · · · · · · · · · · · · · · ·								-			8500.	00					
Ls	UBTOTAL of Disbursements This Page (optional	i)							<del></del>		<u> </u>	JUU.	ŲŪ					
Т	OTAL This Period (last page this line number on	y)																

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only		PAGE 172 / 182
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28	4 25 26 Bc 29 30t
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)  Judy Biggert For Congress			Transaction ID: 1179 Date of Disbursement	9221
Mailing Address P.O. Box 637			12 D D D	<sup>Y</sup> 2005 <sup>Y</sup>
City	State Zip Code		Amount of Each Disbu	rsement this Period
Hinsdale	IL 60522			1000.00
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Judy Biggert		Category/ Type		
Senate X President	ement For: 2006 Primary General Other (specify)		Contribution	
State: IL District: 13				
Full Name (Last, First, Middle Initial)  Bluegrass Committee			Transaction ID: 1180 Date of Disbursement	0907
Mailing Address 400 North Capitol St, NV Suite 585	V		12 05	<sup>Y</sup> 2005 <sup>Y</sup>
City Washington	State Zip Code DC 20001		Amount of Each Disbu	rsement this Period
Purpose of Disbursement 2005 Contribution	Γ	011		1000.00
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)		2005 Contribution	
State: District:				
Full Name (Last, First, Middle Initial)  Evan Bayh Committee			Transaction ID: 1180 Date of Disbursement	0939
Mailing Address 850 Ft Wayne Avenue			1 <sup>M</sup> 2 M / 05 /	<sup>Y</sup> 2005 <sup>Y</sup>
City Indianapolis	State Zip Code IN 46204		Amount of Each Disbu	rsement this Period
Purpose of Disbursement 2010 Contribution		011		2500.00
Candidate Name Sen. Evan Bayh		Category/ Type		
	ement For: 2010 Primary General Other (specify)	71	2010 Contribution	
State: IN District: 2				
SUBTOTAL of Disbursements This Page (optional)				4500.00
TOTAL This Period (last page this line number only				

	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s) category of the			-	IE NUM nly one)		R:				PAGE	173	/ 182		
-	EMIZED DISBURSEMENTS		Summary Page			21b 27	22 28		Х	23 28	b [	24 28	4 3c	25 29	2 3		
	y Information copied from such Reports and State for commercial purposes, other than using the nar														ns		
abla	NAME OF COMMITTEE (In Full)																
$\rangle$	American Hospital Association PAC																
Α.	Full Name (Last, First, Middle Initial) Congressional Majority Committee										ID: 1		0930				
	Mailing Address 3 Lenox Street						1	2	М	′	0 5	<b>D</b> /	Υ	ž 0 Ď :	5 <sup>Y</sup>		
	City Chevy Chase	State MD	Zip Code 20815				An	nou	nt o	f Ea	ch C	Disbu	rseme	nt this	Period		
	Purpose of Disbursement 2005 Contribution			Γ	0	11	7 L	-	-	-		_	•	4000.	00		
	Candidate Name			С		gory/ pe											
	Senate President	ement For: Primary Other (spe	General ecify) ▼				200	05	Cor	Contribution							
	State: District:																
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	Mailing Address PO Box 1940						1	2	М	L	0 5	5 /	Y	ž o ŏ :	5 <sup>*</sup>		
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	Candidate Name Rep. Phil English			C		gory/ pe											
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C.	Full Name (Last, First, Middle Initial) Crowley For Congress						Da	te d		isbu	ırsen	nent	0943	V	V		
	Mailing Address 84-56 Grand Avenue						1	2	IVI	Ĺ	0 5	5 ′	Ľ.	ž o ŏ :	5 '		
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	Candidate Name Rep. Joseph Crowley  Office Sought: X House Disburs	sement For:	2006	C		gory/ pe											
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American Hospital Association PAC									
Full Name (Last, First, Middle Initial)						): 11800	963		
Norm Coleman For U.S. Senate					of Disburs		Y Y	Y	Υ
Mailing Address 1412 Energy Park Drive	#11			1 <sup>M</sup> 2		05 /	2	0 Ď 5	
City Saint Paul	State Zip Code MN 55108			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
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	ment For: 2008 Primary General Other (specify)			2008	Contribu	ution			
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Full Name (Last, First, Middle Initial)  Jim Ryun For Congress					action ID	): 11800	964		
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Mailing Address PO Box 826				1 2		0 8	2	005	
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Full Name (Last, First, Middle Initial)  Brian Baird For Congress					action ID of Disburs	): 11800 sement	941		
Mailing Address PO Box 5016				1 <sup>M</sup> 2	M / D	08 /	ž	0 Ď 5	Y
City Vancouver	State Zip Code WA 98668			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC															
L	American Hospital Association FAC															
Α.	Full Name (Last, First, Middle Initial)								on ID			112				
	Bluegrass Committee					L		M N	isburs		ent 1 / E	ΥΫ́Υ	/ Y	Y		
	Mailing Address 400 North Capitol St, N Suite 585	IW					<sup>M</sup> 2			ว 9	L	. 2	o ŏ	5		
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В.	Bill Shuster For Congress						Date o		isburs	eme			(	Υ		
	Mailing Address PO Box 27						12	_		ว 9	l L	2	o ŏ	5		
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C.	Bill Shuster For Congress								isburs			120				
	Mailing Address PO Box 27						<sup>M</sup> 2	М	<sup>′</sup>	9		Ž	o ŏ	5 <sup>Y</sup>		
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	F COMMITTEE (In Full)												
America	an Hospital Association PAC												
A	e (Last, First, Middle Initial) For Congress								n ID: burse	11808 ment	3113		
Mailing A	address PO Box 14631						1 2	M /	<sup>D</sup> 0	9 /	Y Z	0 ŏ 5	Y
City Shawne	ee Mission	State KS	Zip Code 66285				Amou	int of	Each I	Disbur	sement	this F	Period
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_	n For Congress Committee						Date		burse			V	V
Mailing A	ddress P. O. Box 1986						1 2	/	<sup>D</sup> 0	9 ′	2	0 Ď 5	
City New Br	itain	State CT	Zip Code 06050				Amou	int of	Each I	Disbur	sement		
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	r Information copied from such Reports and Stater or commercial purposes, other than using the nam														ns
	NAME OF COMMITTEE (In Full)														
	American Hospital Association PAC														
	Full Name (Last, First, Middle Initial) Johnson For Congress Committee						<b>Tran</b> Date						3122		
	Mailing Address P. O. Box 1986						1 2	2 M	/	D	0 5	/	Υ	ž 0 Ŏ	5 <sup>Y</sup>
	City New Britain	State CT	Zip Code 06050				Amo	oun	t of	Eac	ch D	isbuı	seme	nt this	Period
	Purpose of Disbursement Contribution				Ō.	11		_	-	_			•	1000.	00
	Candidate Name Rep. Nancy L. Johnson				ate Ty	gory/ pe									
	Senate President	ement For: Primary Other (spe	2006 X General ecify) ▼				Con	trib	uti	on					
_	State: CT District: 5  Full Name (Last, First, Middle Initial)  Jeb Bradley For Congress						1						3114		
	Mailing Address 645 South Main Street						Date 1 2	М	_	D		/	Υ	ž 0 Ŏ	5 <sup>Y</sup>
	City Wolfeboro	State NH	Zip Code 03894				Amo	oun	t of	Eac	ch D	isbuı	seme	nt this	Period
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_	State: NH District: 1 Full Name (Last, First, Middle Initial) Friends Of Jim Marshall						<b>Tra</b> r						3118		
	Mailing Address PO Box 125						1 2	М	_ `				Y	ž 0 Ŏ	5 <sup>Y</sup>
	City Macon	State GA	Zip Code 31201				Amo	oun	t of	Eac	ch D	isbuı	seme	nt this	Period
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ı ۱	NAME OF COMMITTEE (In Full)  American Hospital Association PAC													
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	Full Name (Last, First, Middle Initial)						Trans					20		
Λ.	Price For Congress							of D м	isburs	eme	nt / 🗔	v v	· · · ·	V
	Mailing Address P.O. Box 425						<sup>M</sup> 2			9	Ĺ	2	o ŏ s	5
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	Rep. Thomas E. Price, M.D.	. 5		Ту	ре									
	X	ement For: 2006  Primary General					Contr	ibut	ion					
	President	Other (specify) ▼												
	State: GA District: 6													
_	Full Name (Last, First, Middle Initial) John S Fund						Trans					11		
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	Mailing Address PO Box 65796						12	_		9 9	L	. 2	0 Ŏ ŧ	5
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	Candidate Name				gory/ pe									
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	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 11	8157	'16		
C.	Bluegrass Committee						Date				nt			
	Mailing Address 400 North Capitol St, N Suite 585	N					1 <sup>M</sup> 2	М	/ D.	1 4		Ž	0 0 t	5 <sup>Y</sup>
	City Washington	State Zip Code DC 20001					Amou	ınt o	f Each	n Dis	burse	emen	t this I	Period
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)							18157	<sup>7</sup> 25		
Stabenow For Us Senate						bursen		y	V	Y
Mailing Address PO Box 4945				1 <sup>M</sup> 2		1 4	1	2	0 Ď 5	
City East Lansing	State Zip Code MI 48826			Amou	unt of	Each D	Disburse	ement	this P	eriod
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Candidate Name Sen. Debbie Stabenow			egory/ /pe							
Office Sought: House Disburse	ment For: 2006 Primary X General			Conti	ributio	on				
President	Other (specify)									
State: MI District: 2										
Full Name (Last, First, Middle Initial)  Stephanie Tubbs Jones For Us Congress						n ID: 1 bursen	18157	<sup>7</sup> 24		
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Mailing Address 3729 Silsby Rd				1 2		1 4	1 _	2	005	
City University Heights	State Zip Code OH 44118			Amo	unt of	Each D	Disburs	ement	this P	eriod
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Contribution			11							
Candidate Name Rep. Stephanie Tubbs Jones			egory/ /pe							
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Senate X President	Primary General			John	iibatik	011				
State: OH District: 11	Other (specify)									
Full Name (Last, First, Middle Initial)							18157	<b>7</b> 26		
Jesse Jackson Jr For Congress Committe	<del>;</del>			M	M /	bursen	nent	ΥΥ	Y	Y
Mailing Address Post Office Box 490286				1 2		1 4	1	2	0 0 5	
City Chicago	State Zip Code IL 60649			Amou	unt of	Each D	Disburse	ement	this P	eriod
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Candidate Name			11 egory/							
Rep. Jesse L. Jackson, Jr.			/pe							
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$  \rangle$	NAME OF COMMITTEE (In Full)													
$\angle$	American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial)								on ID			<b>7</b> 21		
Λ.	Heartland Values PAC							of Di ⊿	sburs	eme	ent   /	Y Y	, , , ,	Y
	Mailing Address P.O. Box 505						<sup>M</sup> 2			1 4	L	2	o ŏ	5
	City	State Zip Code				А	mour	nt of	Each	n Dis	burse	emen	t this	Period
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	2005 Contribution			0	11	-	_		-			-	-	
	Candidate Name				egory/ /pe									
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)				20	05 (	Cor	ntribu	tion	1			
	Full Name (Last, First, Middle Initial)					т.		a a ti	on ID	. 11	0157	72.4		
В.	Roskam For Congress Committee					D		f Di	sburs	eme			, · v ·	V
	Mailing Address 423 W. Wesley Street						1 2		1	1 4	Ľ	2	o ŏ	5
	City Wheaton	State Zip Code IL 60189				A	mour	nt of	Each	n Dis	burse			Period
	Purpose of Disbursement Contribution			Q	11			0				2	2500.	00
	Candidate Name Mr. Peter Roskam				egory/ /pe									
		sement For: 2006  X Primary General  Other (specify)				Co	ontri	but	ion					
	State: IL District: 6													
C.	Full Name (Last, First, Middle Initial) Friends Of George Allen								<b>on ID</b> sburs		• • • •	722		
	Mailing Address PO Box 6859						12	И	D 1	1 4	/	<sup>Y</sup> 2	o ŏ	5 <sup>Y</sup>
	City Arlington	State Zip Code VA 22206				A	mour	nt of	Each	n Dis	burse	emen	t this	Period
	Purpose of Disbursement Contribution			0	11	7 L		-					500.	00
	Candidate Name Sen. George F. Allen				egory/ /pe									
	Office Sought:    House   Disbury	sement For: 2006  X Primary General  Other (specify)	<u> </u>	- 1		Co	ontri	but	ion					
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NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial)  A. Mark Udall For Congress Inc.			Transaction ID: 11816495 Date of Disbursement									
Mailing Address 8690 Wolff Court #2	00		12									
City Westminster	State Zip Code CO 80031		Amount of Each Disbursement this Period									
Purpose of Disbursement Contribution		011	1000.00									
Candidate Name Rep. Mark Udall		Category/ Type										
Office Sought: X House Dis Senate President	bursement For: 2006  X Primary General  Other (specify)		Contribution									
State: CO District: 2  Full Name (Last, First, Middle Initial)			Transportion ID: 11916402									
B. Mike Crapo For Us Senate		Transaction ID: 11816493 Date of Disbursement  1 2 1 5 2 0 0 5										
Mailing Address PO Box 1948												
City Boise	State Zip Code ID 83701		Amount of Each Disbursement this Period									
Purpose of Disbursement 2010 Contribution		011	2000.00									
Candidate Name Sen. Mike Crapo		Category/ Type										
X Senate President	bursement For: 2010  X Primary General  Other (specify)		2010 Contribution									
State: ID District: 2												
Full Name (Last, First, Middle Initial)  C. Westmoreland For Congress			Transaction ID: 11816498 Date of Disbursement									
Mailing Address P.O. Box 458			12									
City Sharpsburg	State Zip Code GA 30277		Amount of Each Disbursement this Period									
Purpose of Disbursement Contribution	011	1000.00										
Candidate Name Mr. Lynn Westmoreland		Category/ Type										
Office Sought:  X House Senate President State: GA District: 8	bursement For: 2006  X Primary General  Other (specify) ▼		Contribution									
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Transaction ID: 11857806 Date of Disbursement  Mailing Address P. O. Box 4026  City Duluth Duluth GA Sonate Detailed Summary  State Detailed Summary  State Senate President State: GA District: 7  Full Name (Last, First, Middle Initial)  Are person for the purpose of solicating contributions or used by any person for the purpose of solicating contributions from such committee  21b 22 28a 28b 28c 29 30  24 25 26 28a 28b 28c 29 30  24 25 26 28a 28b 28c 29 30  26 27 28a 28b 28c 29 30  27 28a 28b 28c 29 30  28 28b 28c 29 30  30 30 30 30 30 40 20 511857806 Date of Disbursement M2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use seperate schedule(s)				OR LII		E NUMBER: PAGE 1							82 / 182		
of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee    NAME OF COMMITTEE (in Full)			Detailed	Detailed Summary Page			21b 27	É	22 28a	X	28b		28c	-	29	30		
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Linder For Congress  Mailing Address P, O, Box 4026  City State Zip Code Duluth GA 30096  Purpose of Disbursement GA 30096  Purpose of Disbursement Port Senate President State: AZ B5751  Full Name (Last, First, Middle Initial)  B. Kolbe For Congress  Mailing Address P O Box 31568  City State Zip Code AZ 85751  City State City Code AZ 85751  Condidate Name Rep. John Linder  Office Sought: X House Disbursement For: Void of 11/14/2005 Contribution  Candidate Name Rep. John State City Code AZ 85751  City State City Code AZ 85751  City State City Code AZ 85751  Condidate Name Rep. James T. Kolbe Disbursement For: 2006  W Primary General District: 8  Full Name (Last, First, Middle Initial)  C. Leadership Empowerment and Development PAC  Mailing Address PO Box 12703  City State AZ District: 8  Full Name (Last, First, Middle Initial)  Cardidate Name Category' Type  Office Sought: X House Disbursement For: 2006  W Primary General Disbursement District: 8  Full Name (Last, First, Middle Initial)  Cardidate Name District: 8  Full Name (Last, First, Middle Initial)  Cardidate Name Disbursement PAC  Mailing Address PO Box 12703  City San Antonio Tx 78212  Purpose of Disbursement Disbursement For: Primary General Disbursement This Period Tx 78212  Purpose of Disbursement Disbursement For: Primary General Disbursement This Period Tx 78212  Purpose of Disbursement Disbursement For: Primary General Disbursement This Period Other (specify) ▼  Office Sought: President Disbursement This Page (optional) Other (specify) ▼  State: District: Primary General Disbursement This Page (optional) Other (specify) ▼  Void of 7/18/05 Contribution Other (specify) ▼																S		
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Senate President District: 7  B. Full Name (Last, First, Middle Initial) Kolbe For Congress  Mailing Address P O Box 31568  City State Zip Code AZ 85751  Purpose of Disbursement Void 0f 11/14/2005 Contribution Candidate Name Rep. James T. Kolbe Office Sought: House Senate President State: AZ District: 8  C. Full Name (Last, First, Middle Initial) Category/ Type  City State Zip Code AZ 85751  Purpose of Disbursement Void 0f 11/14/2005 Contribution Candidate Name Rep. James T. Kolbe Office Sought: President State: AZ District: 8  C. Full Name (Last, First, Middle Initial) C. Leadership Empowerment and Development PAC  Mailing Address PO Box 12703  City State Zip Code TX 78212  Purpose of Disbursement Void of 7718/05 Contribution Candidate Name  Office Sought: House Senate President State Zip Code TX 78212  Purpose of Disbursement Void of 7718/05 Contribution Candidate Name  Office Sought: House Senate President Senate President Senate President Senate President Senate President State: District: President Senate President State: District: President State: P																		
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